VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1	200	CERTIFICATE	OF	DEATH

01789

		1802.	CERTIFICA	ATE OF DEAT	П		Reg. Dis	st. No.	
a. COUNTY	rroll		MARYLAND	2. USUAL RESIDENCE (Vo. STATE Mary	Where decease	ed lived. If institution b. COUNTY		ce before o	/
b. CITY OR TOWN	(If outside corporate limits nearest town)	s, write c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (I	f autside carp	orate limits, write R	URAL ond g	give nearest	t tawn)
Henry	ton	53	7 days	Sali	sbury			221	2.0
d. NAME OF HOSPI OR INSTITUTION	Henryton		spital	d. STREET ADDRESS	Comme:	rce Stree	et		S RESIDENCE ON A FARM? ES NO
NAME OF DECEASED (Type or print)	First Char		Middle Jackson	Barkley	4. DATE OF DEATE	Mon Februar		Day 10	Year 1960
sex. Male	6. COLOR OR RACE	7. MARRIED A	DIVORCED	8. DATE OF BIRTH 7-26-1900		9. AGE (In years last birthday) 59 yrs.	IF UNDER Manths	-	UNDER 24 HR laurs Min.
during most of wor Landscap	ON (Give kind of work derking life, even if retired)	ane 10b. KIND O	F BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto		country) ., Delwai			HAT COUNTRY
B. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	4 150			
HELWIS .	John Barkle	еу			Fa	nnie Barl	cley		
	ER IN U. S. ARMED FORCE (If yes, give wor or dates of ser		SECURITY NO.	NFORMANT		Add	ress		
No		Unkr	nown	Charles	Jack	son Bark.	Ley -	Pati	ent
18. CAUSE OF DE	ATH [Enter anly one cou	se per line for (a), (b), and (c).]					INTERV	AL BETWEEN
Canditians, if a gove rise to couse (a), stating lying cause lost.	the <u>under-</u> DUE TO (c).	Diabet	es mellit	us NOT RELATED TO THE TER				T 1(a) 19 V	24OTILA 2AW
CATIO	21,581,481	MIONS CONTRIB		NOT RECATED TO THE TER	MITALDISLA	SE CONDITION ON	LIA IIA LAK	P	PERFORMED?
(IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURRE	D. (Enter noture af injury i	in Port I ar Po	art II of item 18.)			
20c. TIME OF INJU Haur a. m. p. m.	RY Month, Day, Year 19		ot while for	ACE OF INJURY (Home, fo ctary, street, office bldg.,		ty ar tawn)	(0	Caunty)	(State
alive an_Fe	hat I attended the bruary 10	, 19 60	, and that death	accurred at 4:45	ADDRESS (y 10, 160, 160, 160, 160, 160, 160, 160,	d on the	e date st	
			Supt.			e Hospit		nryto	(State)
3. FUNERAL DIRECTOR	X-14-	176016	JASS HILL	LEM-	CID BY SECTI	EN MI	STRAR'S SIG	CHATHRE	
3. FUNERAL DIRECTOR	0 1 11	('	DDRESS		EB 1 5	STRAR 246. REGI	31 KAK 8 310	SINATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01791

1. PLACE OF DEATH o. COUNTY	roll	MARYLAN	- CTATE	DENCE (Where	deceased lived.	If institutio		efore odn	
	If outside corporate limits, w				de corporate lim	its, write Rt			
RURAL ond give no Sykesville	earest town)		Reister				031	4.2	
d. NAME OF HOSPIT	TAL (If not in hospital, give :		d. STREET A					e. IS	RESIDENCE
or institution Springfie	ld State Hosp	oital	11.7	ll Westminster Pike					N A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle Lewis	Los Bos		DATE OF DEATH	Febru		Doy 15,	Yeor 19 60
5. SEX Male	Tilbita	MARRIED NEVER MARRIED DOWED DIVORCED	4 27 0		lost.	(In yeors birthdoy) O yrs.	Manths Day	_	7
10a. USUAL OCCUPATION during most of wor Contrac	king life, even if retired)	10b. KIND OF BUSINESS OR II	The second second	ACE (Stote or f	foreign country)			OF WHA	AT COUNTRY
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAM	NE .				
Abraham	Bosley		0	a Hunte	rmerk				1000
	R IN U. S. ARMED FORCES' (If yes, give war or dates of service		Springfi	eld Hos	pital R	ecord:			
Conditions, if a gove rise to i cause (o), stoting lying couse last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony, which (b) mmediate the under: (c)	Per line for (o), (b), and (c).] Acute and chropheneumon: DISCONTRIBUTING TO DEATH DISCONTRIBUTING TO DEATH DISCONTRIBUTING TO DEATH	ia.				C	wee	AS AUTOPS'
POST-TES	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year	. DESCRIBE HOW INJURY OCCI 20d. INJURY OCCURRED While Not while of work Ot work	JRRED. (Enter noture of e. PLACE OF INJURY (foctory, street, office	Home, form,	l or Port II of it		(Cour	nty)	(Stote
		ttended the deceased from 15,60, and the							
22c. PHYSIOTAN'S NAMY (Type)	Agustin del	Campo, M.D.	M.D. ATTENDIN PHYS. 22d. ADDR Spri	DIREC	TOR D PHY	S. 📋	ykesvil	2/	15/60
Burial (Specify	Feb.19,196		RY OR CREMATORY	F	d. LOCATION (C			Ler,	Stote) 1d.
J.F.Elin	's signature le & Sons.Rei	ADDRESS sterstown, Md.		25a. REC'D B	Y REGISTRAR		STRAR'S SIGNA		

VR A15 (4) 15M 9/59

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	. A stant of stone							
a.								
	A CAMPANIAN MAKAMATAN							
	and that lends	TAX. Je Gor						
		date best dam, Hel.	and Medicine.					

hours ofter death. Page 4

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D FUNERAL DIRECTOR: After this can take has been signed by the attending physician and campletely titled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01792

Other and the	CERTIFICATE	OF	DEAT	TL
795	CERTIFICATE	O	DLA	

	5		Reg. I	Dist. No.
1. PLACE OF DEATH O. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marylan	nd b. COUNTY Ca	ence before admission) PPOLL
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) Westminstell	7.4.0		ide corporate limits, write RURAL and	d give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION 202 E. Ma1:		d. STREET ADDRESS 202 E	. Main Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Gertrude	e Holbrook	Bowers 4.	OF DEATH February	11 Year 19 60
The	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Dec. 5, 1875	lost hirthday)	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wire	Own Home		foreign country) 12. County, Md.	US A
13. FATHER'S NAME John Holb	rook	14. MOTHER'S MAIDEN NAM)
15. WAS DECEASED EVER IN U. S. ARMED FORCES [Yes, no. or unknown] (If yes, give wor or dates of service	المحدد حمدالا	informant harles H. Bot	Address Wers Westminst	er. Md.
Conditions, if any, which gave rise to immediate coese (a), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	My perfus	T NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D
	D. DESCRIBE HOW INJURY OCCURR		I or Port II of item 18.)	
Hour o. m.		LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that lattended the de alive an	nette, M.D.	M.D. 103 P	M, fram the causes and on DRESS (Street, city or town, state) Many Many	l last saw the decease the date stated above DATE SIGNE LIMITED TO THE STATE OF THE
220. BURIAL CREMATION, REMOVAL (Specify) BURIAL 2-14-60	22c. NAME OF CEMETERY OF Pleasant V	or CREMATORY 22 Calley Cem.	d. LOCATION (City, town, or county Pleasant Vall	
23. FUNERAL DIRECTOR'S SIGNATURE John R. Byers Wes	ADDRESS tminster, Mary	- EEB	PREGISTRAR 246. REGISTRAR'S	SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within may be retained by the haspital or of the form of the

MARYLAND STATE DEPARTMENT OF HEALTH-SALITMONE, 18

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and it is goth on. West impour, in	
	Warmanaga Danie
The best of the second	Color of the season of the sea

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22.00

01793 Carroll e. IS RESIDENCE ON A FARM? YES NO Day Yeor 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS. Doys 12. CITIZEN OF WHAT COUNTRY?

RD#3 Westminster INTERVAL BETWEEN

U.S.A.

PERFORMED?

YES NO P

ONSET AND DEATH

2 stay

(County) (Stote)

1960that I last saw the deceased and that death accurred at K. M., fram the causes and an the date stated above.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

(Stote)

ADDRESS

Westminster. Md.

24g. REC'D BY REGISTRAR PEB 1 5 '60

24b. REGISTRAR'S SIGNATURE arthur S. Traus

VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

MARKULET STATE DESMINATED AND SALES OF DEATH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

01794

1805	CERTIFICA	CIE OF DEATH							
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
o. county Carroll	MARYLAND	o. STATE Maryland b. COUNTY Baltimore							
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
RURAL and give nearest town) Sykesville	3mos.lldays	Baltimo	Baltimore 03×-						
d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS			e. IS RESIDENCE				
Springfield State Hospi	tal	8305 Harf	ord Road	Zone 1/1	ON A FARM? YES NO				
3. NAME OF First	Middle	Last	4. DATE OF	Month	Day Yeor				
(Type or print) Nicholas	Henry	Brendel	OF DEATH	February	8. 1960				
S. SEX . 6. COLOR OR RACE 7. MAR	RIED DENEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years IF UND	ER 1 YEAR IF UNDER 24 HR				
Male White WIDOW		February 3.		st birthdoy) Month	s Doys Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done 10b.		1			TITIZEN OF WHAT COUNTRY				
during most of working life, even if retired) Balto. Transit Co.		Maryland		10 St. 10	TT.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN			U				
John Brendel		Cathani na	II-mald						
	SOCIAL SECURITY NO. 17.	Cotherine	nerord	Address					
[Yes, no, or unknown] (If yes, give war or dates of service)			**						
	213-05-901/1	Springfield	Hospital	Records					
18. CAUSE OF DEATH [Enter only one couse per li					ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Bi	lateral Lobar	Pneumonia			days				
490 X DUE TO									
Conditions, if ony, which) (b)									
gove rise to immediate DUE TO									
lying couse lost.									
	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CO	NDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPS				
Payehotic depression.					PERFORMED?				
20a. ACCIDENT WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of	item 1B.)					
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	INJURY OCCURRED 20e. P	LACE OF INJURY (Home, for	m. 20f. (City or to	own)	(County) (Sto				
Hour o. m. While	Not while	octory, street, office bldg., e	tc.)	TALE TO	(444				
	rk ot work	0							
21. I certify that (1) (this haspital) attend	ded the deceased fram.	October 24, 1	59, to Feb	ruary_H, 19	$2_{-}60$ that (1) (we) la				
saw the deceased alive an Februa	TY_719_60 , and that	death accurred a 2:2	5M) From the	causes and an					
220. SIGNATURE	1	ATTENDING	450 61	A CC	22b. DATE SIGNI				
Monistri del Ca	meo	M.D. PHYS.	MED. DIRECTOR P	AFF HYS. 🔯					
22c. PHYSICIAN'S NAM: (Type)		22d. ADDRESS							
Agustin delCam	po M.D.	Springfie	ld Hosni	جودات او					
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, fown, or count					
burial 2-11-60	Parkwood	Cemetery	Balti	more. Mo					
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	25b. REGISTRAR'S					
Leonard J. Ruck 5305 t	Hartord Rd	DATE F	EB 1 0 '60	Curing.	S. Thank				
		24							

TO FÚNERAL DIRECTOR: After this centricate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with 6 015 after death. page 3 should be detoched for use as the burial-transit permit. Then please remove carbon pap the State Board of Health prior to burial, cremation, ar removal, and in ony event within 72 beach ing physician. may be retained by the hospital or

The law requires that the death certificate be executed withir

nours ofter death. Page

TO HOSPITAL OR ATTENDING PHYSIC VR A15 (4) 1SM 9/S9

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11795

F	PLACE OF DEATH	200	Item 2 Fi	Imc25/	2-25-60 et		11 - 2 - 15 1- A1A - A1	. D.::1	bafaaa adaa	inian) V		
a COUNTY				MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY b. COUNTY							
		(If outside corporate limits,	write C LENGTH O	F STAY IN 1b	c. CITY OR TOWN (IF	ryland	ate limits write RI	IRAL and giv	e negrest to	wn)		
	RURAL ond give	nearest tawn)			d. L. H. Hold of of	1111	Daisy	NAT ONG BU	13x.	2		
	Sykesvill	_E ITAL (If nat in hospital, giv	7mos 2	4days	d. STREET ADDRESS	14-18/	Daisy		le. IS RI	ESIDENCE		
	OR INSTITUTION	ld State Hos			Valoryman Me	thadta	ty Home		ON	A FARM?		
F			phroar	441.114	1 1-344431 1-4	OF DATE	7/19/19					
	3. NAME OF DECEASED (Type or print)	First Cona	Lavinia	Stier	Brightwell	4. DATE OF DEATH	Febr		18.	19 60		
	S. SEX	6. COLOR OR RACE	MARRIED NEVER	MARRIED	B. DATE OF BIRTH		9. AGE (In years		YEAR IF UNI	DER 24 HRS.		
	Female			IVORCED [June 27, 18	381	78 yrs.	Months D	lays Hours	Min.		
	10a. USUAL OCCUPAT	ON (Give kind of work do	one 10b. KIND OF BUSI	NESS OR INDU	STRY 11. BIRTHPLACE (State		untry)	12.CITIZE	N OF WHAT	COUNTRY?		
	Housewif			-	Maryland	1		U	.S.A.			
1	13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME						
	James Ro	b Stier			Eleanora	Shipl	еу					
	IS. WAS DECEASED EV	ER IN U. S. ARMED FORCE		RITY NO. 17. II	NFORMANT		Addr	ess		/ EST-		
l	No	(ii yez, give not or done or serv	600		Springfield H	lospita	1 Record	S				
	1B. CAUSE OF DE	ATH [Enter only ane caus	se per line for (o), (b),	ond (c).]			I I I		INTERVAL I	BETWEEN		
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Arterioso	Perotic	cardiovascu	lar dis	ease			ers		
l	1422	DUE TO										
١	Conditions, if	any, which) (b)										
ı	gove rise ta couse (a), stoting				Acres and the							
l	lying couse lost											
l	PART II. O	HER SIGNIFICANT CONDI	ITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART	I(a) 19. WAS	S AUTOPSY FORMED?		
C.B.S. assoc. with senile brain disease with psychotic reaction.										NO		
ı	20a. ACCIDENT WOR CONTRIBUTION	G TI CAUSE OF DEATH	06. DESCRIBE HOW IN	IJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part	tl af item 1B.)					
		Y MEDICAL EXAMINER)		les a		Task in	religions.					
١	20c. TIME OF INJU		20d. INJURY OCCUR While Not while	£	ACE OF INJURY (Home, for ctory, street, office bldg., et		or town)	(Co	unty)	(Stote)		
	Haur a.m.		at work ot work									
ı					June 24, 19							
	saw the deced	sed alive an Feb.	. 18, 19 60	, and that	death accurred a 2:5	5MPM rom	the causes an	d on the	date state	d abave.		
	220 SIGNATURE	1 0/	0 1		ATTENDING	AED.	CTAGE		- 3	22b. DATE SIGNED		
	Man	bri elle	Campo	2	M.D. PHYS.	DIRECTOR	STAFF PHYS.		2/18	3/60		
ŀ	22c. PHYSICIAN'S NAME (Type)	1 11 2	10		22d. ADDRESS	2 77			7 . 36.	3		
ļ	7	Agustin de	ICampo, M.I.		Springfiel	La Hosp	ital, sy	kesv11	Te, MC	1.		
	23a. BURIAL, CREMATI REMOVAL (Specif	ON, 23b. DATE THEREOF	23c-NAME	OF CEMETERY C	OR CREMATORY	23d. LOGAT	ION (City, town,	or county)	(St	rate)		
1	Burral	tet-10-	60 2 ch	ulas So	ung lemele	1 H	amark	Care	inty	brick.		
	24. FUNERAL DIRECTO	R'S SIGNATURE	316 GAPPRES	samond	250. REC	D BY REGIST	RAR 2Sb. REGIS	STRAR'S SIGN	NATURE 1			
1	ix	- Laline	1) auth	mlun	VWA DATE	EB 2 3 'F	60	1 - 0	4			

N: The law requires that the death certificate be executed within VR A15 (4) 15M 9/59

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MEDICAL EXCENTINENTS CERTIFICATE OF DEATH Brandle Court Start S Piles June 1 3. 100 11/11/ and of the same 11 40 Teller to mit Mill. mitter SHMES ALFRED EKOTHERS FEB. 9 60 male 14:50 1818 51 While the mas lengate . I Eassoll G. Fed . 61.5 C. Sellin Frater Actor Butter 214-01-15 Blins Indikation Union Bules Kil He Burnet 2/12/60 Preston Prand Perce 1 2 Tollander Fr Hannin W. Thereite, Mile

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01797

			4	804	CERTI	FICAT	E OF DE	ATH			-2.7				
1. PL o.	ACE OF DEATH COUNTY	Carrol	Ll.		MAR	YLAND	o. STATE	enne			f institution	on: Reside	ence before	re admiss	ion)
	CITY OR TOWN (IF		ote limits	, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	WN (If o	utside corpo	rote limit	s, write R	URAL ond	give nec	arest town	n)
	RURAL ond give ned uralSy		lle		2 week	S	E	lkir	ıs		7	75 >	x 3		
d.	NAME OF HOSPITA OR INSTITUTION GOLDEN					*	d. STREET AD	DRESS							FARM?
DE	AME OF CEASED ype or print)	IDA	First		S.		GILL Lost		4. DATE OF DEATH		Mon FE		6,	,	Yeor 19 60
S. SE	X	6. COLOR OR	RACE	7. MARRI	ED INEVER MARE	RIED 8.	DATE OF BIRTH			9. AGE	(In years irthdoy)			1	ER 24 HRS
Fer	nale	White	9	WIDOWE	D DIVORC	ED 🗆 I	'eb. 3.	187	72	88	yrs.	Months	Days	Hours	Min.
				one 10b. I	KIND OF BUSINESS	OR INDUST	Y 11. BIRTHPLA	CE (Stote	or foreign c	ountry)		12.CI	TIZENOF	WHAT	COUNTRY
	Housewi Housewi	fe.	renreal	Do	omestic		Baton	Rou	ige,	La.		U	J.S.	A.	
13. FA	ATHER'S NAME		511				14. MOTHER'S A	AAIDEN N	IAME						
JE	acob La	ndry					Sina	h W	Villi	ama					
	AS DECEASED EVER	IN U. S. ARM	ED FORC	ES? 16. 9	SOCIAL SECURITY N	O. 17, INFO	DRMANT				Add	ress	-1		7 - 5
(103, 1	no, or unknown) (I	F yes, give war or	dates of ser	vice)		- Mrs	. Ida.	Web	er, E	lli	cott	Ci.	ty.	Md.	
1	B. CAUSE OF DEAT	TH Enter only	one cou	se per lin	e for (o), (b), and (c				1				INT	ERVAL BE	
	PART I. DEAT	H WAS CAUSE	ED BY:		Unam	100	W/0	Ax	Par	du	27		ONS	SET AND	DEATH
	420.1	IMMEDIATE CA	DUE TO		0	1	104				-				
	Conditions, if on			-	1000/10	17	Xbeer !	. 101	1000	(P)	411	001	1		
	gove rise to in	nmediote ((b)_		augu	4	July	14/16/		1	w_	111			
	couse (a), stating t lying couse lost.	he <u>under-</u>	DUE TO		VI. 1	1/1	1011	-8	11/1	100	20	1	-		
		FR SIGNIFICAN	(c).	ITIONS C	ONTRIBUTING TO D	EATH BUT N	OT RELATED TO 1	HETERMI	NAL DISEAS	E CONDI	TION GIV	/EN IN PA	RT 1(o)	19. WAS	AUTOPSY
CATION		ek ololuli lerti	11 00110			<u> </u>		1					, , ,	PERFC	NO X
E 2	20a. ACCIDENT WAS	SUNDERLYING	n 12	20b. DESC	RIBE HOW INJURY	OCCURRED.	(Enter noture of	injury in I	Port I or Por	t II of ite	m 18.)			- 100	110 121
CERTIFI	200. ACCIDENT WAS DR CONTRIBUTING IF EITHER, NOTIFY	CAUSE OF	DEATH					- 2							
	Oc. TIME OF INJURY		by, Year	20d. IN	JURY OCCURRED	20e. PLAC	E OF INJURY (H	ome, farm	. 20f. (Cit	v or town)		(County)		(Stote
MEDICAL	Hour o.m.		19	While	Not while	focto	ry, street, office	bldg., etc.	.)			-11	(,	7 %	
	p. m.		-	ot work			100	-	1/2	110	91	37	6/		
2	21. I certify that	(I) (this ho	spital	aftend	ed the deceased	d from	14-6	19	65 , .to _	Ale	56	196	20 CAH	nat (I)	(we) las
	saw the decease	ed alive an	14	72	19 6 Man	d that de	ath accurred	at-	M, fram	the ca	uses ar	nd an th	ne date		
2	220. SIGNATURE	111 1/2		1/		1	ATTENDING	MI	ED	STAFF					SIGNES
	Moule	11/	11	La	dun	M.	D. PHYS.	DI DI	RECTOR [PHYS	. 🗆		Fe	b.	/, a
	22c, PHYSICIAN'S NAME (Type)	MI	15	T	11	140	22d. ADDRES	5				<u> </u>			
	BURIAL, CREMATION	N, 236. DATE	THEREOF		23c. NAME OF CE	METERY OR	CREMATORY		23d. LOCA	TION (Ci	ty, town,	or county		(Sto	
	REMOVAL (Specify)	Feb.	91	960	Ebeneze	r Cen	netery		Car	rol	L Co	•	Mar	yla	nd
	UNERAL DIRECTOR'S		,,		ADDRESS			25a. REC'	D BY REGIS	TRAR :	25b. REGI	STRAR'S	SIGNATU	RE	
C	.M. Walt	7.	Wir	nfie	ld. Mary	rland	4.	DATE	EB 1 0	'60	(Irthun	8 4		

may be retained by the haspital ar (TO HOSPITAL OR ATTENDING PHYS! VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTIC

1809

AL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	(1179)
ERTIFICATE OF DEATH	() 22 5 0 .

1. PLACE OF DEAT	TH		2. USUAL RESIDENCE (WI	here deceased live	ed. If institution	n: Residence	before admis	sion)
	Carroll	MARYLAND	Mary.				timore	
RURAL ond g	WN (If outside corporate limits, write jive nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate	-	II.	e nearest tow	n)
Sykesv		Limos.19days	Baldwin		03	X		
OR INSTITUT	OSPITAL (If not in hospital, give street ION	oddress)	d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
- N	field State Hospit	al	None					NO DE
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont		Day	Yeor
(Type or print)	William	Elihu	Carlton	DEATH	Febru	lary	4,	1960
5. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. /	GE (In years ost birthdoy)		YEAR IF UND	7
Male	White wow	ED N DIVORCED	October 25,	1881	78 yrs.	Months D	lays Hours	Min.
10a. USUAL OCCU	PATION (Give kind of work done 10b. f working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	ar foreign count	(y)	12. CITIZE	N OF WHAT	COUNTRY?
Carpent		uilding	North C	arolina			U.S.A	
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME				
John Ca	rlton		Camelia	Green				
15. WAS DECEASE	DEVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	02 0011	Addr	ess	7-1-	Out I
(Yes, no, or unknown)	(If yes, give wor or dates of service)	219-03-2556	Springfield Ho	ospital	Records			
18. CAUSE O	F DEATH Enter only one couse per li						INTERVAL B	
PART I	DEATH WAS CAUSED BY:	teriosclerotio	c heart diseas	se.			Years	DEATH
420.						100		
- 1	if any subjet) Co	ronary arterio	osclerosis				Years	5
gave rise	to immediate (DUS XO	ld and recent		farct in	left.		Month	15 &
lying cause	arring the otider	entricle wall	youardian in	Leit Co Tit	1610		year	
Z PART II			T NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIV	EN IN PART		
C.B.S.	other significant conditions assoc. with cerebra	al arterioscle	rosis with ps	ychotic	reactio	n.	PERFO YES	ORMED?
OR CONTRIBU	NT WAS UNDERLYING 206. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II o	of item 18.)			
	INJURY Month, Doy, Year 20d. 1	NJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, form	m, 20f. (City or	lawn)	(Co	unty)	(State)
Hour o		Nat while fo	octory, street, office bldg., etc					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21. I certify	that (I) (this haspital) attend	ded the deceased fram.	September 1519	59, to Feb	ruary l	1, 1960	, that (I)	(we) last
saw the de	eceased alive an Feb. 3	19 60 , and that	death accurred at 3:	30. Alm the	causes and	d an the	date state	d above.
22a. SIGNATU		1						b. DATE
	Illing ?	arart.	M.D. PHYS.	AED.	TAFF HYS.		2/1	SIGNED
22c. PHYSICIA		- frum	22d. ADDRESS				Caf City	
NAME (T)	Ellis S. Mar	golan, M.D.	Springfi	eld Hosp	ital, S	ykesv:	ille,	Md.
230. BURIAL, CREA	pecify) Z / / / /	23c. NAME OF CEMETERY O	OR CREMATORY REAL MALL	23d. LOCATION	Rafdi	(CIU	(Sto	ote)
R.	CTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	25b. REGIS	TRAR'S SIGN	NATURE	-
ma	Em Thus	Jarrellson	the med DATE FI	EB 8 '60	Ca	Chur S. :	traus	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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U	willia	9	V	0.7

o. COUNTY	roll		MARYLA	a. STATE		eceased lived. If instit b. COUN		
	OWN (If outside corporo d give nearest tawn)	te limits, write	c. LENGTH OF STAY IN	1b c. CITY OR	TOWN (If outside	corporate limits, write	RURAL and give	nearest town)
	esville		7 mo. 7 day	s Tako	na Park	1:	517-2	
	HOSPITAL (If not in has	pital, give stree		d. STREET	DDRESS			e. IS RESIDENCE
	ngfield Sta	te Hosp	ital	403 C	laybourn	e Avenue		YES NO
NAME OF DECEASED (Type or prin	t)	First Mary	Middle Ellen	Cahill Ca		oate M OF DEATH Februa	ionth Ty	Doy Yeor 1 1960
. SEX	6. COLOR OR	RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In year last birthday	1	EAR IF UNDER 24 H
Female	white	WIDOV	VED K DIVORCED	□ August	21, 186			ys Hours Min
during mos	CUPATION (Give kind of t of working life, even if busewife	wark dane 10b retired)	. KIND OF BUSINESS OR		ACE (Stote or for	reign country)		OF WHAT COUNTR
3. FATHER'S N					MAIDEN NAME			
Mich	mael Cahill			Jos	ephine R	lvan		
S. WAS DECE	SED EVER IN U. S. ARME		S. SOCIAL SECURITY NO.	17. INFORMANT	0011410 1		ddress	
(Yes, no, or unknow	n) (If yes, give wor or d	ales of service)	None	Springfi	eld Hosp	ital recor	ds	
1	OF DEATH Enter only	one couse per	line for (o), (b), and (c).]	DP1 41162 X	<u> </u>		11	INTERVAL BETWEEN
	T I. DEATH WAS CAUSE	n pv.	ilateral pne	umonia			C	davs
42	2./	OUE TO						
gave ri	storing the under-	(b) a OUE TO	<u>rteriosclero</u>	tic cardio	ascular	disease		years
C.	B.S. assoc.	TCONDITIONS	contributing to death	BUT NOT RELATED TO rioscleros	THE TERMINAL I	psychotic	reaction	PERFORMED?
OR CONTE	DENT WAS UNDERLYING IBUTING CAUSE OF D NOTIFY MEDICAL EXAM	DEATH	SCRIBE HOW INJURY OCC	URRED. (Enter noture	of injury in Part I	or Part II of item 18.)		
	OF INJURY Month, Do o.m. p.m.	Whil		De. PLACE OF INJURY foctory, street, office		Of. (City or town)	(Cour	nty) (Sto
	ify that (I) (this had deceased alive on.	- /	nded the deceosed fr			to February		
22a. SIGN	Colum	di	hullar	ATTENDIN PHYS.	G MED.	OR STAFF		275. DATE SIGN 2/1/60
22c. PHYSI NAME	(T)	Lusthau	us, M.D.	22d. ADDR Sp ri		Hospital,	Sykesvil	lle, Md.
22 DUDIAL C	REMATHON, 23b. DATE 1	THEREOF	23c. NAME OF CEMET		23d.	LOCATION (City, tow		(State)
REMOVAL	2/L/	60	Ft. Linco	ln Cemete	rv	Pr. Geo. C	o., Mar	yland

TO HOSPITAL OR ATTENDING PHYS! VR A1S (4) 1SM 9/59

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VS A15 (4) 15M 9/SS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	R11	CAIL OF BLATT	Reg. D	ist. No.
1. PLACE OF DEATH o. COUNTY ARROLL	MARYLAN	a STATE	ere deceased lived. If institution Reside AND b. COUNTY	nce befare admission) RROLL
b. CITY OR TOWN (If outside carporate limits, w RURAL and give nearest town) SKESUILLE R.D.	6WEEKS	16 c. CITY OR TOWN (If at	utside carporate limits, write RURAL and	give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give a OR INSTITUTION GOLDEN HAE NURSING.	HOME - ROA	D SEE MA	AIN ST.	6. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) BERTHA	C. COL	WELL	4. DATE Month OF DEATH FEB	Doy Year 7 1960
EEMAIT WILLIAM	MARRIED NEVER MARRIED [9. AGE (In years last birthday) Manths 74 yrs.	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most af warking life, even if retired) HOUSE - NIFE	10b. KIND OF BUSINESS OR IN		or foreign country) 12. C E, CARROLL CO. Md.	TIZEN OF WHAT COUNTR
13. FATHER'S NAME SOHN P. MILLE	FR	14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Pell	7. INFORMANT MRS, CASPER J.	BEHR NESTMI	NSTER MA
1B. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) U22. DUE TO Canditions, if any, which) (b)	Colored Silv	The Cortis-1	ancular direcce	INTERVAL BÉTWEEN ONSET AND DEATH 2 Cough
gave rise to immediate case (a), stating the <u>under-lying cause last.</u> (c)				1
CATIC	ONS <u>CO</u> NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
_1	. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in P	art I or Part II of item 1B.)	
Haur o. m.	20d. INJURY OCCURRED 20e While Not while It work at work	e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)	20f. (City or tawn)	(Caunty) (State)
21. I certify that I attended the dealive an County			M, fram the causes and on ADDRESS (Street, city or town, state) "Name of the causes of the cause of the c	last saw the decease the date stated above DATE SIGNE 2-8-60
PHYSICIAN'S TAMES T.	MARSH	fire	hunceler mi	
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) FEB. 9, 19	60 RIDER	OS CEMETERY	22d. LOCATION (City, town, or county) RURAL WESTMIN	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRÉSS .	240. REC'DATE EB	1 0 '60 Cirily 8.	

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DSPITAL OR ATTENDING PHYSON. The law requires that the death certificate be executed with thours after death. Page 4 be retained by the haspital at adding physician.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, a 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with egistrar prior to burial, cremation, ar remayal, and in any event within 72 hours ofter death.

TO HOSPI	TO FUNER	bod
	A15 A 9/5	

XI	,			Reg. Dist. No	0.
1. PLACE OF DEATH o. COUNTY Carrol 1	MARYLAND	o. STATE	ere deceased lived. If institution b. COUNTY	on: Residence bel	fore admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if o	utside corporote limits, write R	URAL ond give n	earest town)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS	He	41X-	e. IS RESIDENCE ON A FARM?
SpringfieldState Hospital					YES NO
3. NAME OF DECEASED (Type or print) Arthur	Middle Douglas	Cutts	4. DATE Mon	6th	19 60
5. SEX $[6. COLOR OR RACE]$ 7. MARI	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3/17/1886	9. AGE (In years last birthday) 73 yrs.	Months Doys	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, exen if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	or fareign cauntry)		S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
James M. Cutts		Mary E.W	heeler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	Records of Sp	Addi		tal
420. / DUE TO	ronary Occlusi			OF	TERVAL BETWEEN USET AND DEATH SMILTHUES
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last.	eneralized art	teriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS C Chronic alcohol 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			nal disease condition giv	'EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in I	Port I ar Part II of item 18.)		η.
Hour a.m. While	NJURY OCCURRED 20e. PL Not while k ot work	ACE OF INJURY (Home, form ctory, street, office bldg., etc.)	(County	(State)
21. I certify that lattended the decease alive an rebreath 19	ed fram July 1st	accurred at 8.55	M ³ from the causes an ADDRESS (Street, city or town,	d on the dat	the deceased the stated above DATE SIGNED
PHYSICIAN'S Myron Wizankowsky	0 0	1 0	V	AF.	
22a. BURIAL, EREMATION, 22b. DATE THEREOF 2/9/60	22c. NAME OF CEMETERY CO		22d. LOCATION (City, town, or Falls Churc		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE The S.H.Hines Co., 2903	ADDRESS Wash	.D. C. 24a. REC'I	D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATI	URE
1110 D.II.II THOS 00. , 2901	THOIL DO W	.W. DATEFEL	a ou an	Chur S. Fras	M.

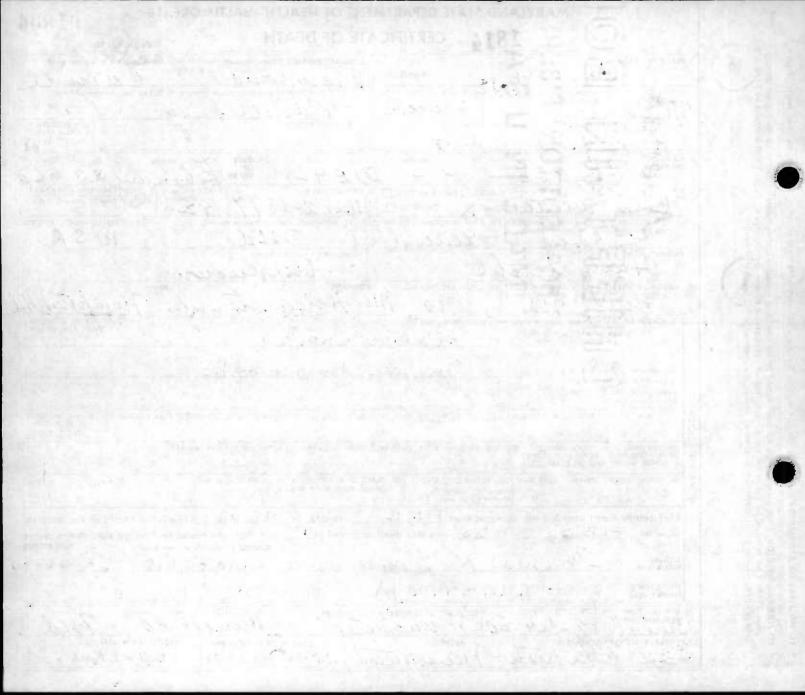
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MARYLAND STATE DEPARTMENT OF HEALTH ECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) e. COUNTY Health, funeral director. Page ained for your files. b. COUNTY delay is necessary, Caroll Caroll MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) 1 c. LENGTH OF STAY IN 1b your write RURAL and give neerest town) Middleburg Middleburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained State YES NO 3. NAME OF First Middle 4. DATE Last Month Day DECEASED to the OF the (Type or print) DEATH Sherry Anne Dedmon February 1960 e A with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 3 may last birthdey) and Months Devs Hours Min. nd 2 hours WIDOWED I DIVORCED female 2 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? 24 hours aft PM3_Page done during most of working life, evan if retirad) in pencil in Item 18. Give Pages 1, 13. FATHER'S NAME This certificate should be executed within form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) | (If yes give we rordates of service) permit. with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) fransit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (e) Office DUE TO burial removal, Conditions, if any, which (b) "pending" gave rise to immedieta ceuse Examiner's 70 DUE TO 93 (a), stelling the underlying ŏ cause lest. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17. WAS AUTOPSY CERTIFICATION PERFORMED? 99 the word NO Medical pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ease execute the certificate, writing Chief 3 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) age factory, street, office bldg., etc.) While Not While DEPUTY MEDICAL EXAM 0 at work forwarded to the at work prior DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection Inquiry and in my opinion agent, death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE 2/28/60 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Petty Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) MMOVAL (Specify) 0 40 ò 0 FUNERAL DIRECTOR 24a. C'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Thousa 5M 7/59 DATE

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TO HOSPITAL OR ATTENDING PHYS ON. The law requires that the death certificate be executed with thours ofter death. Page.	may be retained by the haspital ar ding physician.) RE	page 3 shauld be detached for use as the burial-transit permit. Then please remaye Carban papers. Pages 1 and 2 shauld be filed-with	Also and the facility of the f
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4			1814 CERTIFICATE OF DEATH Reg. Dist. No.	
Page director			PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before the country by Tate by Country b	re odmission)
funeral fund be f		1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give near RURAL and give near town) Will lebuse 3 weeks X Middlebuse	irest town)
by the	X	" d	d. NAME OF HOSPITAL (If not in Tospital, give street oddress) OR HISTITUTION	e. IS RESIDENCE ON A FARM? YES NO
filled in		D	NAME OF DECEASED (Type or print) GEORGE - H - DIEHL OF DEATH Rebruckey 2	3 1960
pletely ers. Pag		S. S	Male White WIDOWED & DIVORCED Meer 2-1877 String Doys	Hours Min.
e executed and cample ban papers er death.			during most of working life, even if retired) Lewelal Md W	S A
icate b			FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAMS WITHER'S MAIDEN NAME WILLIAMS WITHER'S MAIDEN NAME WITHER'S MAIDEN NAME	275.1
th certification of the second			WAS DECEASED EVER 1446. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Heleer Stonerifes Hours	Intered h
the dearence attended to the a			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ARTERIOSCIE ROSIS	ERVAL BETWEEN SET AND DEATH
es that ed by th mit. Tl any eve			Conditions, if ony, which gove rise to immediate (b) CHRONIC MYDCARditis	
cian. en signe ansit per		z	couse (o), stoting the under DUE TO lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 1	O WAS ALITOPS
The law g physic has be urial-tro emaval,		FICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	PERFORMED? YES NO
din din as the b	- 1	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stote
G PHYS		MEDIC	Hour o. m. p. m. 19 While Not while of work of work foctory, street, office bldg., etc.)	
the hasp OR: After tached burial,			21. I certify that I attended the deceased from FEB. 10. , 19.60, to FEB. 23. , 19.60, that I last sav alive on FEB. 23. , 19.60, and that death accurred at 9.4 AM, from the causes and on the date ADDRESS (Street, city or town, state)	
OR ATI			ACTUAL SIGNATURE Thomas V. Logg M.D. Wion Bridge, M.D.	7-33-1
PITAL be reta ERAL 3 shau gistrar	1	_	PHYSICIAN'S Thomas H. Legg, M.D. Union Bridge, Maryland D. BURIAL, CREMATION, 226, DATE THEREOF 226, NAME OF CEMETERY OR CREMATORY 226, LOCATION (City, 19wn, og county)	(Stote)
may b		18	REMOVAL (Specify) 1-26-60 Mauchester Burall Rd. PONIERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS A240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	nia
VS A1S (4) 1SM 9/SB		ي	der Chipton - Hampsterd Md DATE FEB 26'60 Orthun S. Kr	and .



\ <u>_</u>	1815 CEKTIFICATE OF DEATH	Reg. Dist. No.				
) [1. PLACE OF DEATH O. COUNTY Carroll MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If it is constant to the constant of th	institution: Residence before admission) OUNTY York				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 4 Wks C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) York -Rural	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) York -Rural 75x-3				
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS RD#8	e. IS RESIDENI ON A FARM YES NO				
3.	3. NAME OF First Middle Lost 4. DATE OF OF DECEASED (Type or print) Martha Coulson Dohm F DEATH F	Month Day Year Pob. 25 196				
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 12-6-1921 9. AGE (In 1938)	hday) Months Days Hours M				
10	Sewing Machine to Clothing Mgg. Hanover, Pa.	U. S. A.				
13.	13. FATHER'S NAME Roy Coulson 14. MOTHER'S MAIDEN NAME Mary Bair					
15		ck RD#8, Pa.				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse last. (c)	interval Betwee onset and Deat				
FICATION		PERFORMED YES NO				
MEDICAL CERTI		(County) (SI				
MED	Hour o. n. p. m. 19 While at work factory, street, office bldg., etc.) 21. I certify that I attended the deceased from 2/1/60, 19, to 2/25/61 alive on 2/25/60, 19, and that death occurred of 7 P. M, from the cau ACTUAL SIGNATURE M.E. Robertson M.D. Man Millson PHYSICIAN'S NAME (Type)					
22	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. York Rd. Cemetery Hanover,	(0.0.0)				
23.		Curhun S. Furana.				

moy be retained by the haspitol or TO FUNERAL DIRECTOR: After this c VS A15 (4) 15M 9/55

hours ofter death: Page 4 in by the funeral director.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed will

21,31		THANK OF HEALT		CHARRAM		
No no me	1945 CERTIFICATE OF DEATH					
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The state of the s	A YOURS					
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1010

01806

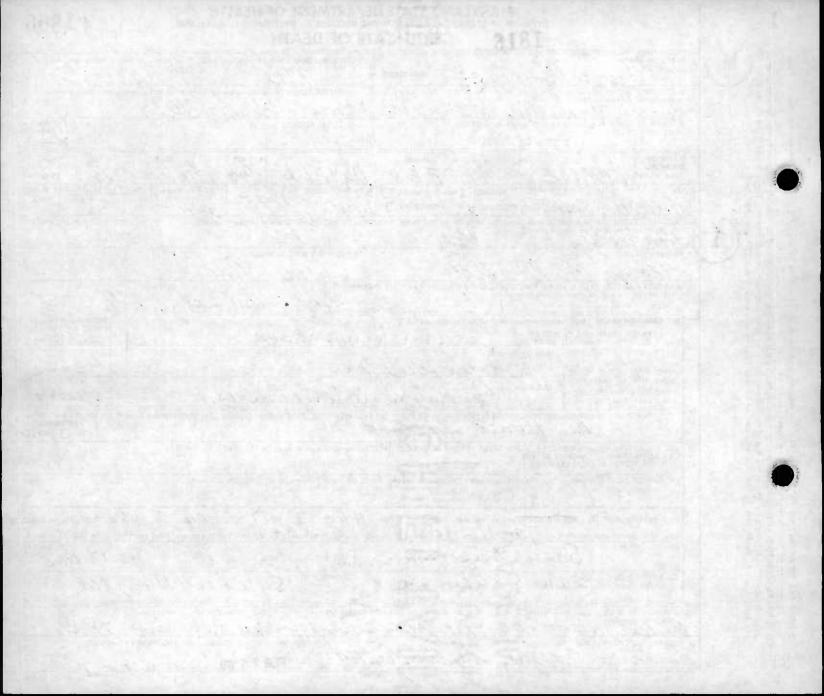
-	1010									
)	1. PLACE OF DEATH a. COUNTY Arroll	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY and							
K	August - Angliseville 3	GTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate limits, w	rrite RURAL and give					
	8. NAME OF HOSPITAL (In not in hospital, give street address OR INSTITUTION Private home		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF DECEASED (Type or print) FANNIE First AR	DEEN.	DUVALL	4. DATE OF DEATH A	ch 1	Day Year 1960				
	Fremule White WIDOWED	DIVORCED 🗌	afrel 27, 18	9. AGE (In last birth 84)	day) Manths Day					
	10a. USUAL OCCUPATION (Giye kind of work dane 10b. KIND of during most of working life, even if refired)	of Business OR INDUS	me	1.	12.CITIZEN	Se A.				
1	13. FATHER'S NAME W. Mostle	4	14. MOTHER'S MAIDEN	Baker						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) (If yes, give wor or dates of service) (If yes, give wor or dates of service) (If yes, give wor or dates of service)									
	1B. CAUSE OF DEATH [Enter only one couse per line for (coupling for the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	o), (b), and (c). If the eleval (f	emorela	e.		NTERVAL BETWEEN NSET AND DEATH				
	33/X DUE TO Canditions, if any, which) (b) Holper few scion,									
	gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (c)	realized	arterios	clerosis		years.				
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	MINAL DISEASE CONDITIC	ON GIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED? YES NO 12						
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
		OCCURRED 20e. PLA lot while t wark	CE OF INJURY (Hame, far tary, street, affice bldg., et	m, 20f. (City ar tawn)	(Caun	ty) (State)				
	21. I certify that (I) (this hospital) attended the saw the deceased alive on Imm 16.	1960, 1960.	thot (I) (we) last ate stoted above.							
	22a. SIGNATURE Same Olice	etman,		AED. STAFF PHYS.	Teb. 1	7, 1960 SIGNED				
	22c. PHYSICIAN'S Sani Okut	man	22d. ADDRESS	ykesui	ille,1	Yd.				
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMOVAL (Specify) 2-19-60	NAME OF CEMETERY OF	01.116	23d. LOCATION (City, That Dame	ascusty)	Md i				
	24. FUNERAL DIRECTOR'S SIGNATURE AND SHE SHE SHE SHE	DDRESS MENTELL IS	201 N.	B 2 3 '60	REGISTRAR'S SIGNA	TURE .				

I haurs after death. Page 4

moy be revained by the haspital or adding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove corban popers. Pages 1 and 2 shauld be filed with the State Baard at Health priar to burial, cremation, ar remayal, and in ony event within 72 hours after death. AN: The law requires that the death certificate be executed with TO HOSPITAL OR ATTENDING PHYS

VR A15 (4) 15M 9/59



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with

may be retained by the hospital or

VS A15 (4) 1SM 9/SS

hours ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1799 **CERTIFICATE OF DEATH**

Reg. Dist. No.

PLACE OF DEATH O. COUNTY		a. STATE	a b COUNTY	ion: Residence before admission)
Carroll	MARYLAND	Marylar	1a	Carrott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15		outside corporote limits, write l	RURAL and give nearest town)
Westminster	9 yrs.	II	ster, Md.	
d. NAME OF HOSPITAL (If not in hospital, give street ac OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
169 W. Main, St.		169 W. Ma:	in, St.	YES NO TO
3. NAME OF First	Middle	Last	4. DATE Ma	
(Type or print) CLIFFORD		ORTHY	DEATHFebruar	
S. SEX 6. COLOR OR RACE 7. MARRIE	D P NEVER MARRIED		9. AGE (In years lost birthday)	
Male White WIDOWED	DIVORCED [February 10	0,1914 45 yrs	Monins Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. Kinduring most of working life, even if retired)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTR
	rrollDDist.	Maryland	1	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
James Howard Eswort	hy	Margaret	t Helen Bl	ack
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	OCIAL SECURITY NO. 17.	NFORMANT	Add	dress
	5-26-1503 M	rs. Ella M.	Me Cormick	. Same
18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]		(INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	10 money	y acche	pery	DONSET AND DEATH
420./ DUE TO	3	1		
Conditions if any which	from any	fire 1	11,0000	Lasus +
gove rise to immediate	-	1	CC-TCC-	O ME I
lying cause lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CO				PERFORMED? YES NO N
20g. ACCIDENT WAS UNDERLYING 20b. DESCR	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)	3
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH				
3 20c. TIME OF INJURY Month, Day, Year 20d. INJ		ACE OF INJURY (Home, form		(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour a.m. 19 While of work	Not while fa	ctory, street, office bldg., etc	5-)	
		1007 . 3	had 1 30/-	and Add a second of
21. I certify that I attended the decease	- 4	, 1937, ta_7	(1)	a;that I last saw the decease
alive an 19-00	and that death	accurred at	Q.M., fram the causes a ADDRESS (Street, city or town,	and an the date stated abov
ACTUAL 2	The- 67	113.0	To Marie (2/1/Car
SIGNATURE TELLICO	1 / Viron	M.D	2	1/60
PHYSICIAN'S TAMES TI	MAREH		Continuent	he my
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City, town,	or county) (State)
Burial Feb. 4, 1960	Locust Grov	e Cemetery	Frederick,	Co. Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
C. M. Waltz, Winf	cield. Mary	and DATE	EB 4 '60 a	ribur S. Krous

EALTH-EALTIMORE, 10	MARYLAND STATE DEPARTMENT OR I
	LT99 CERTIFICATE OF I
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1817 CERTIFICATE OF DEATH

01808 Rea Dist No

										reg. on		,	
1.	PLACE OF DEATH o. COUNTY Car	roll		MARYLA		o. STATE Mary	E (Where		b. COUNTY	on: Residen	ce befo	re admis	ssion)
	b. CITY OR TOWN (If RURAL and give ne		its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN	N (If outsi	ide corpo	rote limits, write R	URAL ond g	give nec	arest tow	rn)
	Henry			1.057 days		Baltin	nore				31	01,	4
		AL (If not in hospital, g	give street			d. STREET ADDRE	ESS						SIDENCE A FARM?
	E E	lenryton S	tate	Hospital		3447	Chess	sel	Court				NO
3.	NAME OF	Fir	st	Middle		Last	4	. DATE	Mon	th	Da	ly	Year
	DECEASED (Type or print)	Art	hur	Lee		Faison	5	OF DEATH	Februar	y 10			19 60
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	□ B.	DATE OF BIRTH	1115		9. AGE (In years	IF UNDER		_	DER 24 HRS
	Male	Negro	WIDOW			3-6-24			lost birthdoy) 35 yrs.	Months	Doys	Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	. KIND OF BUSINESS OR I	INDUST	Y 11. BIRTHPLACE	(Stote or	foreign co	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY
	None	ing`life, even if retired)			Farmy	ville	e, N	. C.		U.	S.	A.
1/3	FATHER'S NAME	Maria de la compansión de				14. MOTHER'S MAI							
	Wi	lliam Fai	son			Unkr	nown						
15				SOCIAL SECURITY NO.	INF	ORMANT			Addr	ess			
1"	No (If yes, give war or dates of s	ervice) 2	27-26-0680		Arthur I	Fais	on -	Patient				
F	-	TH Enter only one co		ine for (o), (b), and (c).]									ETWEEN
		TH WAS CAUSED BY:		Cardiova	scu	lar insu	ffic:	ienc	v		ONS	SET AND	D DEATH
	002X	IMMEDIATE CAUSE (c											- 6
	Conditions, if or	sur subjet V		Cor-Pulm	ona	le							
	gove rise to in	nmediote (
	lying couse lost.	ne under-		Far adva	ınce	d bilate	ral :	pulm	onary th	C.			
NO	PART II. OTH			CONTRIBUTING TO DEATH	H BUT N	OT RELATED TO THE	TERMINA	L DISEASI	E CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY ORMED?
SAT												-	NO [
CERTIFICATION	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	URRED.	(Enter noture of inju	ury in Port	t I or Port	t II of item 1B.)			10.	
MEDICAL	20c. TIME OF INJURY Hour o.m. p.m.	Month, Doy, Ye	While	Not while	focto	E OF INJURY (Home ry, street, office bldg	g., etc.)				County)		(Stote)
	21. I certify the	ot I attended the	decea	sed from March	20	, 19.57, to	Feb	ruar	y 10 ₁₉ 60	hat I lo	st sov	v the	deceosec
	alive on Fel	ruary 10	, 19	60 , and that de									
	4	Ma 20							reet, city or town,				TE SIGNED
	ACTUAL SIGNATURE	gars ". "	arm	laws M. D.	м.	Henryt	on,	Mary	yland			2-1	0-60
	PHYSICIAN'S NAME (Type)	r. E. M. 1	Macu	lans, Supt.		Henryt	ton S	State	e Hospit	al He	enry	ton	, Md.
22	o. BURIAL, CREMATION REMOVAL (Specify)	Jeh 13	196c	22c. NAME OF CEMETE	RY OR	Cemete	22	Meso	TION (City, town, of	Mi Usi	UR) (Sto	nul.
23.	FUNERAL DIRECTOR	SIGNATURE		ADDRESS		240	REC'D B	Y REGIST	RAR 24b. REGIS	STRAR'S SIG	GNATU	RE	
1	Joseph 5	Russ	19	22 W. nort	the,	aul DAT	TE ÉES	151	60 0	Thun 8	the	us	
	17		-		-		1 1 1				- 1 - 5		

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arthur S. Krays

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM YES NO NAME OF DATE First Middle Yeor Month Day (Type or print) DEATH 19/0 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours DIVORCED [WIDOWED M yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (Stote or foreign country during most of working life eyen if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420.0 DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while 19 of work of work p. m. 21. I certify that (1) (this haspital) attended the deceased fram. 19 40 and that death accurred at 7.30M, from the dayses and an the date stated above. saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR | 22c. PHYSICIAN 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CR 23b. DATE THEREOF 23g. BURIAL, CREMATION. 23d. LQCATION (City, town, or county) (Stote) (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR

DATE FEB 9

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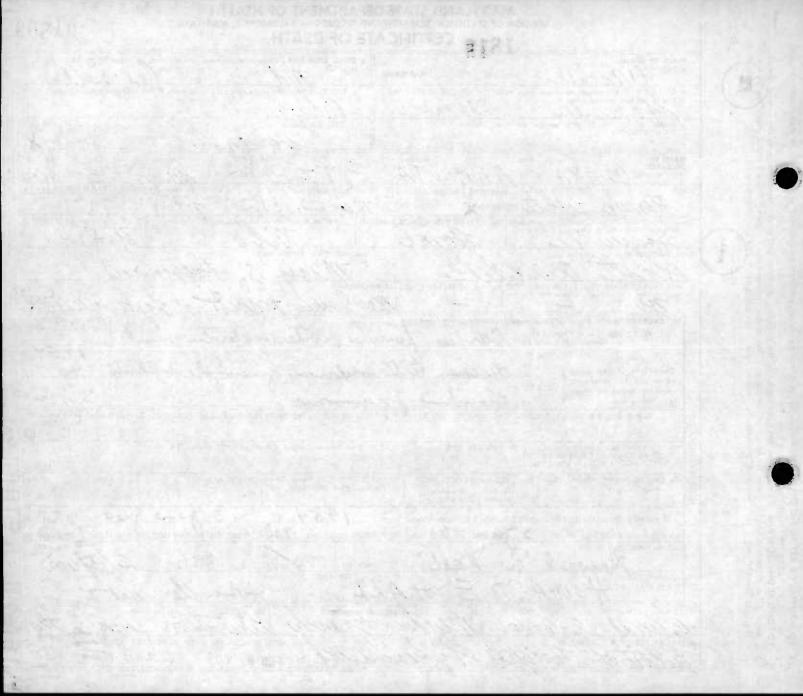
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TO FUNERAL DIRECTOR: page : VR A15 (4) 15M 9/59



1810 CERTIFICATE OF DEATH

Reg. Dist. No.

01810

		7 17							
1. PLACE OF DEATH o. COUNTY Ca	rrol1		MARY	- 11	USUAL RESIDENCE (Wo. STATE Mary la		d lived. If institutio b. COUNTY	Residence be	
B. CITY OR TOWN IN RURAL and give r	(If autside corporate limi learest town) Stminster	ts, write c	Life	HX.	c. CITY OR TOWN (IF Rural, West			JRAL and give	nearest town)
OF INSTITUTION	TAL (If not in hospital, g			W	d. STREET ADDRESS estminster,	R. D.	1 (Silve	er Run)	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Finna Emma		J. Middle		Fitze Lost	4. DATE OF DEATH	Februar		Day Year 1960
5. SEX Female	6. COLOR OR RACE White	7. MARRIED			ATE OF BIRTH 3/15/1881		9. AGE (tn years last birthdoy) 78 yrs.	Manths Day	AR IF UNDER 24 HRS. s Hours Min.
Housewife-	ON (Give kind of work rking life, even if retired Housework		nd of Business o her own h		Carroll C	2.4		U.S.	OF WHAT COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN				
Adam Ying					Almeda B	Burgooi			
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	lone		. Charles A	. Lepp	o, Westmi		Md. R.D.1
САТІС	the under DUE TO THER SIGNIFICANT CON) DITIONS <u>CO</u>	NTRIBUTING TO DEA	ATH BUT NO				N IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)				inter nature af injury in				
20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Day, Ye	While _	Not while of work	factory	OF INJURY (Home, form, street, office bldg., etc.	m, i 20f. (Cit) c.)	ar tawn)	(Count	(State)
	hat I attended the	deceased , 196 PPC		death ac	1957, ta Fa coursed at 2:40 12 WK 12 WKI	AM, from		nd an the c	
220. BURIAL CREMATIC REMOVAL (Specify Burial	2/26/60	OF 2	St. Mary				TION (City, town, or	,,	(State)
23. FUNERAL DIRECTOR		lo Li	ADDRESS ttlestown	, Pa.		D BY REGIST	RAR 24b. REGIST	TRAR'S SIGNAT	TURE

moy be retained by the hospital or diging physician.

O FUNERAL DIRECTOR: After this contracts are a signed by the attending physician and completely trived in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pages. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours off filedit. 24 hours ofter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within TO FUNERAL DIRECTOR: After this co

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

(1811

Henryton State Hospital Solid Odell Road State Hospital Solid Odell Road Solid Deceased Solid Dec	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town and give nearest town) Henryton d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Henryton State Hospital 3. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Henryton State Hospital 3. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Henryton State Hospital 3. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Henryton State Hospital 3. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Henryton State Hospital 3. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Henryton State Hospital 4. DATE OF BIRTH Peb. 5. SEX OR COLOR OR RACE Negro WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 3. DATE OF BIRTH 3. DATE OF	on)
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Male Negro WIDOWED DIVORCED 3-13-1882 77 yrs. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHATCO Unknown 13. FATHER'S NAME	24 HRS.
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14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address	
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address William W	100
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20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 20f. (City or town) (Caunty) foctory, street, affice bldg., etc.)	
Haur o. m. While Nat while foctory, street, affice bldg., etc.)	(State)
21. I certify that I attended the deceased fram Mar. 17, 19.58, to Feb. 5, 1960, that I last saw the company that I attended the deceased fram Mar. 17, 19.58, to Feb. 5, 1960, that I last saw the company that I attended the deceased fram Mar. 17, 19.58, to Feb. 5, 1960, that I last saw the company that I attended the deceased fram Mar. 17, 19.58, to Feb. 5, 19.50, that I last saw the company that I last saw that I last	
alive on Feb. 5, 1960, and that death accurred at 6:00 pM, from the causes and an the date stated	above
h m	SIGNED
SIGNATURE Bodgars M. Milen lang M.D. Henryton, Maryland 2-5	-60
PHYSICIAN'S Dr. Edgars M. Maculans, Supt. Henryton State Hospital, Henryton	Md.
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY, 22d. LOCATION (City, town, or county) (State	
REMOVAL (Specify) 2-10-60 Queens Chapellem Munkink Md	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE	-72
Eleury & alastin 4925 Decens Que DATE EB 11'60 Corthur S. Krous	

SZARGRO TEXTREMENTAL Unitaryon - Post Lol Second - Fr. Copyre's Sounty, H The mulery many hold head property and . odf vencening investit been the tax by seem ten minute (granted) - Mary 17, 19, 55 methods, 5, 12 1960 methods for the state of the De-2-5 grant English, netytaan genty to the second . The first of the state of the The transferred the second of the first

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION OF	F STATISTICAL RESEARCH A		MORE 1, MARYLAND		01812
- 6.6	CEKTIFICA	TE OF DEATH			
1. PLACE OF DEATH a. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. If institu b. COUNT		ore admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	11	utside corporate limits, write		earest town)
RURAL and give nearest town)		75		21/	0111
Sylesville d. NAME OF HOSPITAL (If not in hospital, give stree	12 m 8 days	d. STREET ADDRESS	re 23, Md.		I . IS RESIDENCE
OR INSTITUTION Springfield State Hosp		1129 6	iner Street		ON A FARM? YES NO
3. NAME OF First	Middle	Lost		ianth D	Day Year
(Type or print) James		Gardiner	OF DEATH 2	2	19 60
S. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year		R IF UNDER 24 HRS.
Male White WIDOW	VED DIVORCED	3-25-88	lost birthdoy		Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10th			none .		OF WHAT COUNTRY?
during mast af warking life, even if retired)	5. KIND OF BOSHNESS OK 11100	35			
Laborer		Maryl	2007 524	U.S	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Charles Gardiner		Cather	ine Lyons		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO. 17.1	NFORMANT	Ac	ddress	
no	unkn	Hospital Rec	ords		
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	line for (o), (b), ond (c).] lateral pulmona	ry Tuberculos	is, far advar	ON	TERVAL BETWEEN NSET AND DEATH YEARS
Conditions, if any, which gove rise to immediate cause (o), stating the <u>under-lying couse last.</u> (b) DUE TO (c)					
C.B.S. assoc. With cere late latent syphilis 200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BU	Thor related to the termine termine termine termine psy	nal disease condition of the reaction	SIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in I	Part I or Port II of item 18.)		
Hour o. m. Whil	L.	LACE OF INJURY (Home, farm actory, street, office bldg., etc		(County	y) (Stote)
21. I certify that (I) (this haspital) after	nded the deceased fram	11-27- 19	59.to 2-5-	19 60	that (1) (we) last
saw the deceased alive an 2-5.		death accurred as:			
220. SIGNATURE	Tond mar	303 05001100 372.9	,	2110 017 1110 001	22b. DATE
Commend Tu	Many	M.D. PHYS.	ED. STAFF		2-6-60
22c. PHYSICIAN'S		22d. ADDRESS			_ 0 00
NAME (Type) Edmund Lusth:					

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TO HOSPITAL OR ATTENDING PHY VR A15 (4) 15M 9/59

24. FUNERAT DIRECTOR'S SIGNATURE

23b. DATE THEREOF

9,1960

Feb.

BURIAL, CREMATION, REMOVAL (Specify) Burial

ADDRESS

Cathedral

23c. NAME OF CEMETERY OR CREMATORY

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town, or caunty)

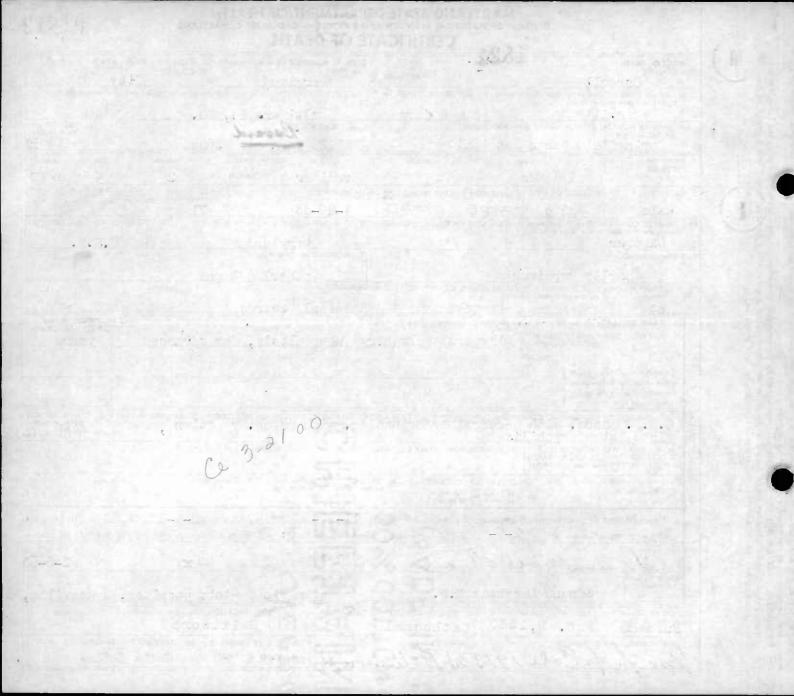
Baltimore

DATE FEB 8

Citting S. Kroug

Id

(Stote)



MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

1822 CERTIFICATE OF DEATH

	THE WATER OF	705	4 CERTII	IGAIL	OF DEAT			Reg. Dist. No	
1. PLACE OF DEATH o. COUNTY Carr	oll		MARYLA		USUAL RESIDENCE (W b. STATE Maryl		d lived. If institution b. COUNTY	on: Residence before Baltimo	1
RURAL ond give no	If outside corporate limi learest town) Yton	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF		rote limits, write R	URAL and give ne	corest town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g		oddress)		d. STREET ADDRESS		Avenue	05	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Calvi		Middle Wilmer		Lost Gardner	4. DATE OF DEATH	Februar		
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED		une 10, 1	915	9. AGE (In years lost birthdoy) 44 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATION during most of work	king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stole Whiteha				S. A.
13. FATHER'S NAME		-		14	MOTHER'S MAIDEN	_			
George	W. Gardner				Annie M	. Give	ens		
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	- 3	MANT vin W. Ga		Add		
	ATH [Enter only one co			Val	ATH W. Ca.	uner	- Fatter		ERVAL BETWEEN
Conditions, if o gave rise to i couse (o), stoting lying couse last.	the <u>under</u> : DUE TO)	ontributing to deat	H BUT NOT	RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	VEN IN PART 1(0)	PERFORMED?
□ OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED. (Er	nter noture of injury in	Port I or Por	t II of item 1B.)	5.01	YES NO
O Iti cities, NOIII	WEDICAL EXAMINER								
	RY Month, Doy, Yes	20d. IN While at worl	Not while		OF INJURY (Home, for street, office bldg., et	c.)	or town)	(County	

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		DIVISION OF
M)		1200
	1. PLACE OF DEATH o. COUNTY	2000

	PLACE OF DEATH	~ (160	MARY	LAND	2. USUAL RESIDENCE (W	here decease	d lived. If institution b. COUNTY	on: Residence l	efore adm	ission)
	Carroll					Maryland			imore		
1	 CITY OR TOWN (If RURAL and give ne 	outside carporate limitarest town)	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	autside corpo	prote limits, write R	URAL ond give	nearest to	wn)
	Sykesvill			2vr.10mo.2	ldav	s Baltimore				310	1.4
	d. NAME OF HOSPITA	AL (If nat in hospital, g	ive street o	address)		d. STREET ADDRESS	1000			e. IS R	ESIDENCE A FARM?
		1d State He	ospit	al		610 Oldha	m Stre	et			NO K
	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Man	th	Day	Year
	(Type or print)	Lu:	igi	***		Giordano	DEATH	Laning1		23	1960
S. 5	SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIE	ED 🔲 8	. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Do		
	Male	White	WIDOWE	D DIVORCE	D 🖾	October 12,	1883	76 yrs.	Monnis Do	ys Hour	s Min.
	. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS O	R INDUST	TRY 11. BIRTHPLACE (State	e or fareign o	country)	12. CITIZEN	OF WHAT	COUNTRY?
	Construc			12141/1/	110	Italy			U.S	.A.	
13.	FATHER'S NAME				1	14. MOTHER'S MAIDEN	NAME			1	
	Unkno	wn			/	Unknown		- 39			
		IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. IN	FORMANT	4	Add	ress		
(10	No. or unknown)	If yes, give war or dates of s		one	Spi	ringfield Ho	spital	records			
	18. CAUSE OF DEA	TH [Enter only one ca			-					INTERVAL	BETWEEN
-,-		TH WAS CAUSED BY:			•	hrosclerosis				DNSET AN	
	11111	IMMEDIATE CAUSE (a)	MI OCITOTAL	mep.	III OPCTELOPTS	•			Year	S.
-	746	DUE TO									
	Conditions, if or gove rise to in	nmediate)		-						
	cause (o), stating (10.000		
_	lying cause lost.) (c)								
CATION	C B S	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TERM Clerosis wit	AINAL DISEAS	E CONDITION GIV	(EN IN PART 1	19. WA PER	S AUTOPSY FORMED?
3		tent_syphi		corar arec	1100	CIGIODID WIG	n ball	110010 100	1001011	YES [□ NO 🔯
CERTIFI	20a. ACCIDENT WA	S UNDERLYING		RIBE HOW INJURY O	CCURRED	. (Enter noture of injury in	Part I or Po	rt II of item 18.)			
CER	(IF EITHER, NOTIFY	CAUSE OF DEATH	Od	8.1							
S	20c. TIME OF INJUR	Y Month, Day, Yes	or 20d. IN	JURY OCCURRED	20e. PLA	CE OF INJURY (Home, far	m, 20f. (Cit	y or town)	(Cou	nty)	(Stote)
MEDICAL	Hour o.m.	19	While of work	Not while	tacl	ory, street, affice bldg., e	rc.)				
-		t (I) (this hasnital			framA	pril l1	9 58 to	Fehruary	2319 60	that (II	(we) last
						eath accurred at 9:					
	22a. SIGNATURE	ed drive drix 00	- uct- J.	and	that a	earn accorred at Z.	- NA - AL OLE	the causes ar	id an ine a		22b DATE
	OB	1. 1.1	10.			ATTENDING	MED.	STAFF PHYS.		-	SIGNED
1	22c. PHYSICIAN'S	un act	616	mpo.	^	A.D. PHYS. 22d. ADDRESS	DIRECTOR	PHYS. [X			123/00
~	NAME (Type)	1 2 0		1			7.3 04.	A . Branch	L. 7 C	Jan 2	77- 1/2
	Agustin	del Campo				Springfie	To Sea	te mospi	cal, by	Ke SV1	Tre, Ma
230	BURIAL, CREMATIO	N. 23b. DATE THEREC	-60	23c. NAME OF CEM	ETERY OR	ENGINATORY /	23d. LOCA	FION (City flown,	or county)	mi	tg/e)
24	FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS //	100	A 2Sq. RFC	D BY REGIS	TRAR 2Sb REGI	STRAR'S SIGN	ATURE	
1	trathin	A. Ala	ghit	Hypien	lle	Mello DATE	EB 2 9	60	rthung S. 1		
				7		X					

hours ofter death. Page 4 moy be retained by the hospital or sing physician.

TO FUNERAL DIRECTOR: After this cerumcate has been signed by the attending physician and campletely fylled in by the funeral diffector, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. N: The low requires that the deoth certificate be executed with ding physicion. TO HOSPITAL OR ATTENDING PHYS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1824 CERTIFICATE OF DEATH

			Keg. Dis	1. No.
1. PLACE OF DEATH o. COUNTY Darroll	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN Alf outside corporo	te limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		d. STREET ADDRESS	ug,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) DA/SY First	Middle ARD	S Lost 4. DATE OF DEATH	Month	20 1960
off WIDOWED	DIVORCED	8. DATE OF BIRTH July 1, 1883	lost birthday) Months	PYEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life reyen if retired)	F BUSINESS OR INDU	me	ptry) 12. CITI	ZEN OF WHAT COUNTRY
13. FATHER'S NAME!		14. MOTHER'S MAIDEN NAME Unknow	m	
(Yes, not or unknown) (If yes, give wor or dates of service)	- 7/	INS Glorge Book,	Agkisvalle	i, ml.
18. CAUSE OF DEATH [Enter only one couse per line for (o PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HYPERTE		DIOVASCULAR DISEASE	V	INTERVAL BETWEEN ONSET AND DEATH 25 yrs
Conditions, if ony, which gove rise to immediate (b) ARTERIO	SCLEROTIC	HEART DISEASE		25 yrs
couse (o), stoting the under. DUE TO SENILE	CHANGES			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI				1(o) 19. WAS AUTOPSY PERFORMED? YES NO X
		D. (Enter noture of injury in Part I or Port I		
	ot while fo	ACE OF INJURY (Home, form, 20f. (City o ctory, street, office bldg., etc.)		ounty) (State)
21. I certify that I attended the deceased fro alive on 19 February 1960		to 20 February 19 to 20 Februa	the causes and on th	e date stated above
ACTUAL SIGNATURE ATT TANK		M.D. Liberty Road at	et, city or town, stote) t. Fldersburg	2/20/60
PHYSICIAN'S NAME (Type) Wm. H. LAWSON, Jr., 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. N		Sykesville-2, 1		
BANGUAL 2-24-60 OF	DORESS CEMETERY	ley Ofg	ON (City, town, or county)	stolle. W.
Julie A. Aught L	Typisul	DATE FEB 2 9 '6	- 1 - 1	



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the state of the s	

VS A15 (4) 15M 10/57 N

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

1825 CERTIFICATE OF DEATH

					Mag. Dist. 110.
1. PLACE OF DEATH a. COUNTY		MARYLAND	O STATE	here deceased lived. If institution b. COUNT	rtian: Residence before admission)
	f outside corporate limits, write	c. LENGTH OF STAY IN 16	We CITY OR TOWN US	utido correcto limito verito	RURAL ond give nearest town)
RURAL and give no	earest lown)	1/	lo lo	ouside corpordie limits, write	(
Rural - 11	mon Bridge	16 yrs.	Jural - 1	mon Bud	al.
OR INSTITUTION	AL (If not in hospital, give street	oddress) (/	d. STREET ADDRESS	0	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE M	onth Day Year
(Type or print)	CORA	M .	HAMUTAN	DEATH TIL	- 24 1960
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	IF UNDER I YEAR IF UNDER 24 HRS.
7	W WIDOW	ED DIVORCED	Sept. 23, 18	79 So yr	Months Days Hours Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 1. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNTRY
House	11	on Lange	Manua	land.	11. C A
3. FATHER'S NAME		The state of the s	14. MOTHER'S MAIDEN	NAME	10.3.11.
20	10-		2 00	4 . a.	
S WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	eries Jan	uson
(Yes, no or unknown)	If yes give war or dates of service]	SOCIAL SECURITY NO. 17.	INFORMANT	1 1 30 00	Idress
			4. 4. 1. A	laley, une	on Bridge Ma
18. CAUSE OF DEA	TH [Enter only one couse per li	ne for (o), (b), and (c).]	4/	- 9/	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	iturio sele	realiz Nea	ut Diseas	ONSETIAND DEATH
1620	DUE TO				7
Conditions, if a	Ov which)	lana a	w Why som	Tension	Hurs
gave rise to in	mmediate (cerocore en	7 1200	Concenti	Jen
lying couse lost.	the under-	1	15 21	sema	4 years
) (c) 1 C	amora ava	1 cryping		- 1
PARI II. OIF	HER SIGNIFICANT CONDITIONS	LON IKIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
o benieve	liged Willie	ic Activosis	, Cholelil	hereis	YES NO
U (IF EITHER, NOTIFY	S UNDERLYING () 20b. DES () CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Part I or Port II of item 18.)	
	Y Month, Day, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City or town)	(County) (State)
Hour a.m.	While	Not while	ctory, street, office bldg., etc.)	(0.010)
		1	1. 67 =	1 0 11	
21. I certify th	at attended the deceas	1 4	19 6, to Je		Q, that I last saw the deceased
alive an_	il 15 19 (20 , and that death	occurred at 2P	_M, from the causes	and an the date stated above
-		1 A		ADDRESS (Street, city or town	, state) DATE SIGNED
SIGNATURE 2	aurbley.	Thompson	MD laney	Towns He	2/25/10
		0	Ø	,	
PHYSICIAN'S E.	Ambler Thom	oson			
220. BURIAL, CREMATION		22c. NAME OF CEMETERY C	D CDEMATORY	224 LOCATION (City In	
REMOVAL (Specify)	2/27/60	24 600 1	C. +	22d. LOCATION (City, town,	or county) (State)
23. FUNERAL DIRECTOR'S		100 Verel	emelery	Trederic	my.
4 0 P	SIGNATURE	ADDRESS	- 1		SISTRAR'S SIGNATURE
w.C.Da	rian 11h	Persylle.	DATE FE	B 2 9 '60	Uccount 2. 100mm

MARYLAND SYATE DEPARTMENT OF HEALTH-EALTMORE, 18 the contract of the Charles and the Charles and the Charles and the Charles and Charles an to the principal of the less are a effect of the September Representation in VIII 10 10 10 10 10 10 10 10 10 10

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEA

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CLNI	AIL			

RCH AND RECORDS - BALTIMORE 1, MARYLAND	01817
ICATE OF DEATH	(1701)

)	1. PLACE OF DEATH o. COUNTY Carroll	1826	MARYLAND	2. USUAL RESIDENCE (Va. STATE		lived. If institution b. COUNTY		before admiss	V
	b. CITY OR TOWN (If outside of RURAL and give nearest town Sykesville	n) `	yrs .limos .25	c. CITY OR TOWN (II	f outside corpor	rate limits, write R	URAL ond gi	ve nearest town	1)
	d. NAME OF HOSPITAL (If not OR INSTITUTION Springfield St	in haspital, give street address		d. STREET ADDRESS - Park Av					FARM?
	3. NAME OF DECEASED (Type or print)	First Nathan	Middle Charles	Hammond	4. DATE OF DEATH	Mon Febr		0	Year 19 60
		or or race 7. Married 11.10 widowed 1	NEVER MARRIED 🔼	B. DATE OF BIRTH Aug. 10, 18		9. AGE (In years last birthdoy) 811 yrs.	7	YEAR IF UND	Min.
	10a. USUAL OCCUPATION (Give to during most of warking life, e Selling chicker)	even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto Marylan		ountry)	12.CITIZ	U.S.A.	OUNTRY?
	13. FATHER'S NAME Nathan Hammond		1	14. MOTHER'S MAIDEN	NAME				5
)	15. WAS DECEASED EVER IN U. S. (Yes, no. or unknown) (If yes, give	. ARMED FORCES? 16. SOCIA		oringfield H	osni tal	Records			
2	Canditians, if any, which gove rise to immediate couse (o), stoting the under lying couse lost. PART II. OTHER SIGNI Senile psychology.	CAUSED BY: ATE CAUSE (a) DUE TO (b) DUE TO (c) FICANT CONDITIONS CONTR SSIS, SIMPLE DESCRIBE	chopneumoni BUTING TO DEATH BUT Exterioration	NOT RELATED TO THE TER		11 - 62	VEN IN PART	PERFC	DEATH
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While of work of wor							abave.	
	23a. BURIAL, CREMATION, 23b. SEMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNAT	15/60 7	NAME OF CEMETERY OF CON PARTIES Microlly	deaf	23d. LOCAT	RAR 25b. REG		MATURE THAT	10)

MARCHIO PETA DELL'ADELLA SE

VS A15 (4) 1SM 9/SB Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY	arroll	MAR	YLAND	2. USUAL RESIDENCE o. STATE Mary		ed lived. If institution b. COUNTY	on: Residence	before admis	ision)
	b. CITY OR TOWN (If autside carporate limits,	write c. LENGTH OF STAY	Y IN 1b	, , , , , , , , , , , , , , , , , , ,		prote limits, write R	URAL and giv	ve nearest tow	n)
	RURAL ond give no	Sykesville	8mos 18dav	re	Ralti	imore 2.	Maryland	3	VO1-	- 11
-	d. NAME OF HOSPIT	TAL (If nat in haspital, give		0	d. STREET ADDRES		1 real of all the		e. IS RE	SIDENCE
	OR INSTITUTION SPRINGE	TELD STATE H	HOSPITAL		1822	North C	harles St	reet		A FARM?
	3. NAME OF	First	Middl	e	Last	4. DATE	Mon		Day	Yeor
	(Type ar print)	Mary	Ethel	L	HANSON	OF DEATH	Februa	ry	8	19 60
	S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARR	RIED T	B. DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UND	-
-	Female	White w	VIDOWED DIVORC	ED 🔲	2-14-188	80	701 yrs.	Months D	ays Hours	Min.
	10a. USUAL OCCUPATIO	ON (Give kind of work dan king life, even if retired)	ne 10b. KIND OF BUSINESS	OR INDU	TRY 11. BIRTHPLACE (S	State or foreign o	country)	12. CITIZE	N OF WHAT	COUNTRY
	/ Housework				Maryla	and		U.	S.A.	
-	13. FATHER'S NAME				14. MOTHER'S MAID	DEN NAME				
	Charles Ha	nson			Mary A.	Adams				
			57 16. SOCIAL SECURITY NO	O. II	NFORMANT		Add	ess	J-11-3	
	No	(If yes, give war ar dates of service	ce)	S.	S.H. Record	ds				
	IB. CAUSE OF DEA	ATH [Enter only one couse	e per line for (a), (b), and (c).]					INTERVAL B	ETWEEN
	PART I. DEA	TH WAS CAUSED BY:	Coronary Occ	lusi	on				211 ho	
	420.0	DUE TO								
	Canditions, if a	and the A	Arterioscler	otic	Heart Dise	ease			Years	
	gave rise to i	mmediate Dus TO		0000						
	lying cause lost.	(c)_								
	Z PART II. OTH	ER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE T	TERMINAL DISEAS	SE CONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPSY
>	Chronic h	orain syndrom sychotic reac	me associated	with	cerebral a	arterios	clerosis,	, with		ORMED?
	20a. ACCIDENT WA		b. DESCRIBE HOW INJURY	OCCURRE). (Enter noture of injur	ry in Port I or Po	rt II of item 18.)			
		MEDICAL EXAMINER)								
	20c. TIME OF INJUR Hour o. m.	Y Month, Day, Year	20d. INJURY OCCURRED		ACE OF INJURY (Home, tory, street, office bldg.	form, 20f. (Cit	y or tawn)	(Ca	unty)	(State
	∑ nour o.m.	19	While Not while at work of work	1	ory, sireci, orrice blug.	., 676)				
	21. I certify th	at I attended the d	eceased fram May	20	19.59 to_	Februar	v 8 . 1960	that I last	saw the	deceased
	alive an Feb				accurred at 3:2					
	0	-	-110	1			street, city or town,			TE SIGNE
	ACTUAL	auxhu.	Clel Came	po	M.D. Spring	field St	ate Hosp	ital	2	-8-60
1	1/	1	7			***********				
	PHYSICIAN'S NAME (Type)	gustin del C	ampo, M. D.		Sykesy	ille, Ma	ryland			
	220. BURIAL, CREMATIC	N, 22b. DATE THEREOF	22c. NAME OF CEA	AETERY O			TION (City, town,	or county)	(Sto	ote)
1	Burial (Specify)	2-10-60	New Cat	hedr	al (em.	Ba	ltimore	, Md.		
X	23. FUNERAL DIRECTOR		ADDRESS	٠.	24a.	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	NATURE	
1	Leonard (1. Ruck 530	05 Hartord 1	Rd	DATE	FEB 1 0 '	60 0	71 0	La	

HTARG TO STARRING TO DEATH and the state of t The same of the sa half and that the control of the arrest

22b. DATE THEREOF

220. BURIAL, CREMATION,

REMOVAL (Specify)

23 FONERAL DIRECTOR'S SIGNATURE

O HOSPITAL

VS A15 (4) 15M 9/5B

February 2019 Ot I last saw the deceased _M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR DATEFEB 5 arthur & Hours

Rea. Dist. No.

Months

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

WSA

8 yrs

(County)

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED

NO.

(Stote)

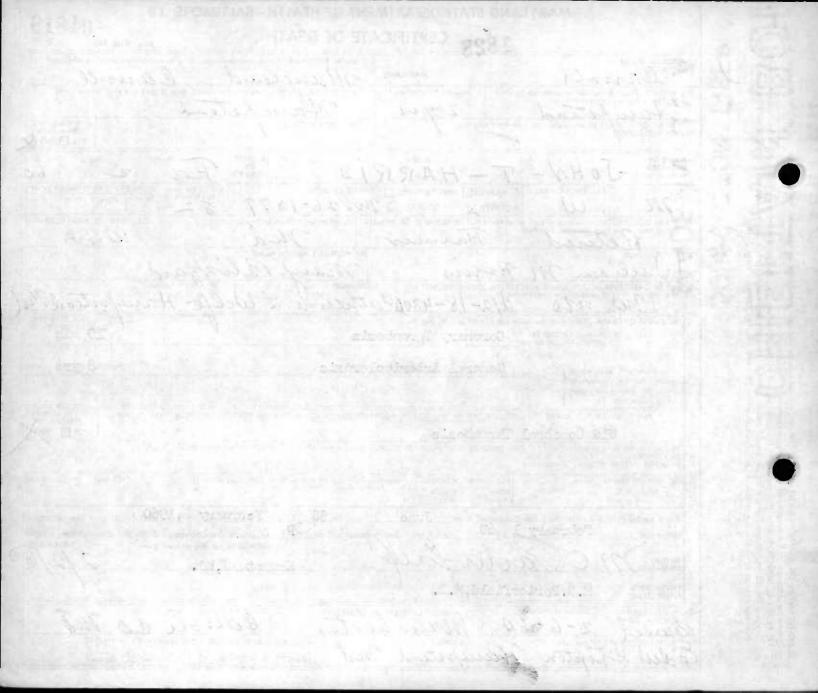
YES |

Days

ON A FARM?

YES I NO

Year



VS A15 (4) 15M 9/S8

ARYLAND S	STATE DEPARTMENT	OF HEA	LTH-BALTIMORE,	18
1829	CERTIFICATE	OF DE	ATH	D

N

		U			Ke	g. Dist. No.	74
1. PLACE OF I		MARYI AND	2. USUAL RESIDENCE (W o. STATE		. If institution: Reb. COUNTY	esidence before	odmission)
	Carroll	MARYLAND	Mar	yland			
	TOWN (If autside carporate limits, write and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	autside carporate li	nits, write RURAL	and give near	est tawn)
	Henryton	4 days	Bal	timore		31	01.4
d. NAME O	F HOSPITAL (If nat in haspital, give stree		d. STREET ADDRESS			е.	IS RESIDENCE
OK 11431	Henryton Stat	e Hospital	210	08 N. Ros	sedale S	St.	YES NO
3. NAME OF DECEASED (Type or pri	First nt) Dougla	Middle	Hawkins	4. DATE OF DEATH	Month February	y 19	Year 19 60
S. SEX		RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In years IF U		
Mal	e Negro WIDOV	WED DIVORCED	5-16-1887	los	72 yrs. Mai	onths Days	Haurs Min.
10a. USUAL O	CCUPATION (Give kind of work done 10th st of working life, even if retired)	. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State	or fareign country)	1	2. CITIZEN OF	WHAT COUNTRY
	nknown Laborer I	Both Ochen Stell a	Charles	Co. Man	cyland	USA	
13. FATHER'S N		200	14. MOTHER'S MAIDEN		J		
	Dennis Hawkin	8	Nettie	??			
IS. WAS DECE	ASED EVER IN U. S. ARMED FORCES? 16		INFORMANT	all cars of	Address		1,75,00
Yes, no, or unkno		213-07-3172	Bertha Swan	n 2108 1	Rosedale	Stree	t
-	E OF DEATH [Enter only one cause per		DOL ONG DIGHT		.00000		VAL BETWEEN
gave ri	se to immediate (rus pneumonia	ular insuffi and tubercu		ft		
lying ca	, staring the under-						
NO PA	RT II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN II		WAS AUTOPSY PERFORMED?
20a. ACCI OR CONTI (IF EITHER	DENT WAS UNDERLYING RIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER	ESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I ar Part II af	item 1B.)		- 178
	a. m. Whil	6.	LACE OF INJURY (Hame, farr actory, street, affice bldg., etc		vn)	(County)	(State
alive ar	Redgars M. Mas	60, and that death	h accurred at 12 Henr		causes and artity or town, state	n the date	
220. BURIAL, C REMOVAL		22c. NAME OF CEMETERY C	Vary Com.	22d. LOCATION (City, tawn, or car	md.	(State)
23. FUNERAL D	DIRECTOR'S SIGNATURE	ADDRESS O #/ A	0.0	D BY REGISTRAR	24b. REGISTRA	R'S SIGNATURE	
Jac-1	in M. Johnson 19	US Drud Stell	Mue DATE	B 27 '60	winny	1 S. Thomas	

ELGAN RESTANTANTANT PERSON

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	WIND DON A MELC		all election over the	
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	P. 22		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Sandarah peli salah			tone"
	Market Control Market		andsvall Gram	
30027 4	reformation in the t			
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	A Address		uice e many d	
144-14-1	but feet to and track			
	learned to the Allign		, at them, were	A Blue Sal
			H OTHER SERVICE OF SER	

g physician and completely filled in by the funeral directar, remave carbon papers. Pages 1 and 2 should be filed with event, within 72 have after death.

N: The law requires that the death certificate be executed with

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tha		by		_,	
es		D	E	DAG	
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req	dn.	SI	Sit	J. L	
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O	per	2	9	P	
4	Ē	_	and	90	
E	re	RA A	sh	e E	
SF	pe	Z	9	Staf	
Ĭ	noy	2	page 3 shauld be detached far use as the burial-transit permit. Then please	the State Baord of Health prior to burial, cremation, ar removal, and in any e	
TO HOSPITAL OR ATTENDING PHYSICAN: The law requires that the death	moy be retained by the hospital ar a ding physician.	10	12	=	

VR A1S (4) 1SM 9/S9

		1	830	CERTIF	ICA	TE OF D	EATH					1.00	0.7
	COUNTY	rroll	~ +> +>	MARY	LAND	2. USUAL RESI	DENCE (When	e deceased liv	ed. If institution b. COUNTY		ce before		ion)
ŀ	. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b		THE PERSON NAMED IN	side corporate	limits, write R)
	Svkesvi			lyr5 m 10	7 30	Poth	ondo	Ma /		155	7 2		
(. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)	J CLE	d. STREET A	ADDRESS K	Md osedal	.е		e	. IS RESI	
	Springf:	ield State	Hosp	ital		450		XXX Av					FARM?
3. 1	NAME OF	Fir	st	Middle	Hi	mmigho		. DATE	Mon	th	Day		/ear
	DECEASED Type or print)	Ella	1	Josephin	ne	XXXXXX	XXXX.	OF DEATH	2		6		9 60
s. s	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE		B. DATE OF BIRT	Н	9. /	AGE (In years	IF UNDER	1 YEAR		
	Fem	White	WIDOWE			3-23-7	XXX18	80 2	yrs.	WIO's	Dors 3	Hours	Min.
10a.	USUAL OCCUPATIO	N (Give kind of work	ione 10b.	KIND OF BUSINESS O	R INDUS	STRY 11. BIRTHPL	ACE (State or	foreign count		12. CITI	ZEN OF	WHATC	OUNTRY?
	during most of work	ing life, even if retired Housewif		wn Home			lissour				U.S.	Λ	
13.	FATHER'S NAME					14. MOTHER'S					0.00).E2- 6	
	Philir	op Jacobs				Sophi	e Ket	tlekan	np				
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. IN	FORMANT			Addr	ess			
	IO (I	If yes, give war or dates of s	ervice)	unkn		Hospita	1 Reco	nde					
Ť		TH [Enter only one co	use per lin			TIODDY VA	L GCO	1 45	· · · · · · · · · · · · · · · · · · ·		INTE	EVAL BE	TWFFN
		CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: Pheumatic heart disease inactive, with mitral sten. Years											
	MMEDIATE CAUSE (MINEUMATIC heart disease, inactive, with mitral sten. years 4/0 X DUE TO												
	Gonditions, if ony, which (b)												
	couse (o), stoting the under-												
z l													
¥	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 18. S. assoc. with circulat. disturbance with cerebral arteriosclerosis 18. S. assoc. with circulat. disturbance with cerebral arteriosclerosis 19. Was autopsy performed? 19. S. assoc. With circulat. disturbance with cerebral arteriosclerosis												
E	200. ACCIDENT WAS		20b. DESC	RIBE HOW INJURY O	CCURREI) (Enter noture o	of injury in Po	rt Lor Port II o	of item 18.1			IES IK	140 🗆
CERT	OR CONTRIBUTING	I I CALISE OF DEATH I				2. (2.110. 110.10.0							
Z Z	20c. TIME OF INJURY		r 204 IN	JURY OCCURRED	20e PL/	ACE OF INJURY (Home form	20f. (City or	lawal		County)		(Stote)
MEDIC	Hour o.m.	19	While	_ Not while _	foc	tory, street, office	e bldg., etc.)	201. (City of	Owing	10	.ouniy)		(Slote)
2	p. m.	17	of work	ot work		0 01 7	0				4		
	21. I certify that	(I) (this haspital	attend							, 19			
	saw the decease	ed alive an 19	0-	19 <u>6</u> 0, and	that d	eath accurred	d ab:20	A, Ifram the	causes an	d an the	date	stated	above.
20. SIGNATURE								22b	SIGNED				
	22c. PHYSICIAN'S	a su	2000	iaus	- 1	M.D. PHYS.	☐ DIRE	CTOR P	HYS.			2-	7-60
	NAME (Type)	dmund Lust	house	15 7				1 (0)	77 .		0.		_
									Hospi				
	REMOVAL (Specify)	2-10-60	F	Arlingto	TERY O	R CREMATORY	m .	Arlin	gton,	VIT'S	ini	a (Stote	9)
_	Burlal FUNERAL DIRECTOR'S			1	- 746						-		
		. Pumphre	v. P	ethesda.	Man	ryland	DATE FER	BY REGISTRAR					
			· / -			•	DATE	9 00	ch	Thun S.	May	£	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	1832	CERTIFICATE OF DEATH
F DEATH		2 USUAL RESIDENCE (V

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1	. PLACE OF DEATH o. COUNTY Carroll			MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Marvland Baltimore City							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN 16			c. CITY OR TOWN (If outside corporate limits, write RURAL and give					nearest town)		
1		Sykesville			mo.20da	ys	Baltimore				310	11.4		
	d. NAME OF HOSPITA	d. NAME OF HOSPITAL (If not in hospital, give street o					d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?		
	Springfield State Hospital						825 N. Mount Street					NO 🖾		
Ī	3. NAME OF	Fir	_		Middle		Last	4. DATE	Mon	nth	Da	y	Yeor	
	DECEASED (Type or print)	Sara	ah		- F	are	Isaacson	OF DEATH	Februar	rv	19	1	1960	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED				B. DATE OF BIRTH 9. AGE (In years FUNDER 1 Y									
1	Female	White	WIDOW	ED 🖫	DIVORCED	A	pril 18, 18	64	lost birthdoy) 95 yrs.	Months	Days	Hours	Min.	
	10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BU	SINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	or foreign o	country)	12. CIT	IZEN OF	WHATC	OUNTRY?	
1	Housewij		,	-			Russia			Ali	ien	en (Russia)		
1	13. FATHER'S NAME					1	4. MOTHER'S MAIDEN N	NAME		- 1		1 (1 4 4 5 5 6 7		
	Samuel Ha	are					Unknown							
1	IS. WAS DECEASED EVER			SOCIAL SECU	JRITY NO. 17	INFO	RMANT	4	Add	ress				
П	(Yes, no, or unknown)	If yes, give war or dates of s		None	S	bri	ringfield Hospital records							
ŀ		TH Enter only one co				10		DICUL	2000200		INTE	ERVAL BE	TWEEN	
	DART I DEATH WAS CAUSED BY									ONSET AND DEATH				
	1122 1	IMMEDIATE CAUSE (6) ALCOPTOSCIEFOUIC CAROLOVASCULAR DISEASE YEARS												
	10.0.	422, DUE TO												
1	Conditions, if ony, which gove rise to immediate (b)													
		couse (a), stating the under-												
	lying couse lost. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY													
	De:	PERFORMED?									RMED?			
	Psychosis with cerebral arteriosclerosis 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)													
1	□ OR CONTRIBUTING	OR CONTRIBUTING CO												
	Hour o.m.	Hour o. m. While Not while foctory, street, office bldg., etc.)												
1	21. I certify that	21. I certify that (I) (this hospital) attended the deceased from March 7												
1		ed alive an Fe	ornal	CAT 218 6	O, and tha	t dea	th accurred at 3:4	M, from	the causes ar	nd on the	e date			
	220. SIGNATURE	1- 101	0	1			ATTENDING M	ED.	STAFF			221	SIGNED	
	COLUMN CELL (AVILLO M.D. PHYS. DIRECTOR PHYS. T									2/1	9/60			
	NAME (Type)	V22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS												
		Agustin de	L Car	po, M.	D.		Springfiel	d Sta	te Hospit	tal,	Syke	svil	le, Mo	
	23a. BURIAL, CREMATION BREMOVAL (Specify)	2-2/-/	2534E	1	ERRIN		REMATORY		TION (City, town,	or county)		(Stot	(e)	
	24. FUNERAL DIRECTOR'S	SIGNATURE		ADDRE		D	25a. REC'	D BY REGIS	TRAR 25b. REGI	STRAR'S SI	GNATU	RE	1	
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DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If	10	corworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	FINEDAL DIDECTOR: Dame 2 should be used as a business assemble file and a misk should be assemble to a second as a
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Reg. Dist. No.							
1. PLACE OF DEATH O. COUNTY Carroll 1800 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Carroll							
b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b ond give nearest lower westminster	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 328 E. MAIN Street	/ d. STREET ADDRESS 328 E. MAWStreet e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)							
3. NAME OF First Middle DECEASED MILDRED RAYBINE	JACOBS 4. DATE Month Doy Yeor OF DEATH February 26 19 60							
5. SEX Female 6. COLOR OR RACE White Widowed Divorced	DATE OF BIRTH 9. AGE (In years lost birthday) 1. DATE OF BIRTH 1. DATE OF BIRTH							
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) 13. FATHER'S NAME	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? La SOCIAL SECURITY NO. 17. II	NFORMANT Clice L. Brown 2. main It med							
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which) (b)								
gove rise to immediate cause (a), stating the underlying cause lost.								
Acute Alcoholism.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA: Hour o. m. p. m. 19 While Not while of work ol work	CE OF INJURY (Home, form, ory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)							
21. I certify that I took charge of the remains described above, held an Autopsy K., Inspection ., Inquiry ., and find that death resulted from: Natural causes K., Accident ., Suicide ., Homicide ., Undetermined cause								
SIGNATURE Charles S. Pates.	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 2/27/60							
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	DEPUTY MEDICAL EXAMINER							
220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR SEMOVAL (Specify) 266. 29 1960 AND STATES	notes amelin Westrumoter, me							
22 TUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	Mod DATE DATE 1800 & 1800 Civiling L. House							

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTIFICATE OF DEATH 01826

S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10. DATE OF BIRTH 10. DATE OF BIRTH 10. DATE OF BIRTH 10. DATE OF BIRTH 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] 2. S. S. Hospital 2. Conditions, if only, which gove rise to immediate 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH 18		1	22:	CERTII	ICA	IL OI DEAIL					
Description County City County City Cit	1. PLACE OF DEATH	-4.	004			2. USUAL RESIDENCE (V	Where decease	d lived. If insti	tutian: Residence	before ad	mission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Sykesyt 11b d. NAME OF HOSPITAL (if not in haspital, give street address) J. NAME OF HOSPITAL (if not in haspital, give street address)				MARY	LAND	a. STATE	_				V
RURAL and give increase frown) Sykesyille d. NAME OF HOSPITAL (If not in hospital) give street address) OR INSTITUTION Springfield Sate Hospital 1. B30 gamsey Street d. STREET ADDRESS Springfield Sate Hospital 1. B30 gamsey Street OATE DATE DOWN FARM YES NO A F									City	7	
d. STREET ADDRESS Springfield State Hospital 3. NAME OF HOSPITAL (If not in hospital) state Hospital 3. NAME OF HOSPITAL (If not in hospital) 1830 ramsey Street 3. NAME OF HOSPITAL (If not in hospital) 1830 ramsey Street 3. NAME OF HOSPITAL (If not in hospital) 1830 ramsey Street 3. NAME OF HOSPITAL (If not in hospital) 1830 ramsey Street 3. NAME OF HOSPITAL (If not in hospital) 1830 ramsey Street 4. Springfield State Hospital 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 2 27 19 6 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years let under lots) 1011 birthday) Months Days Hours Miles Mi	B. CITY OR TOWN (IF RURAL and give ne	outside carporate limit arest town)	ts, write	1. 1. 1. 1. 1. 1.		975	-1111	orate limits, writ	e RURAL and gi	ve nearest t	awn)
ON A FARK Springfield State Hospital 1830					3 da		more 2	3.Md.		3 VC	11.4
3. NAME OF DECEASED FIRST SUSAMMA RATE OF DEATH SUSAMMA RATE OF DEATH SUSAMMA RATE OF DEATH SUSAMMA RATE OF DEATH SUSAMMA RATE OF BIRTH SUSAMMA RATE OF BI	OR INSTITUTION									01	A FARM?
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) IFUNDER 1 YEAR FUNDER 24	Springfie	eld State Ho	ospit	al		1830 mams	ey Str	eet		YES	□ NO □
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 101. USUAL OCCUPATION (Give kind of work done during) 102. USUAL OCCUPATION (Give kind of work done during) 103. FATHER'S NAME 104. MOTHER'S MADEN NAME 105. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT) 105. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT) 105. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT) 105. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT) 105. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT) 105. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT) 105. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT) 106. SOLID EVER AND DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT) 107. INFORMANT 108. CAUSE OF DEATH (Enter only one couse per line for (9), (b), ond (c).] 109. PART I. DEATH WAS CAUSED BY: 109. PART II. DEATH WAS CAUSED BY: 109. PART II. OTHER SIGNIFICANT CAUSE (6) 109. DUE TO 109. PART II. OTHER SIGNIFICANT CAUSE (70. DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED (FINE MOST IN MEDICAL EXAMINER) 109. PART II. OTHER SIGNIFICANT CAUSE (70. DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED (FINE MOST IN MEDICAL EXAMINER) 109. PART II. OTHER SIGNIFICANT CAUSE (70. DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED (FINE MOST IN MEDICAL EXAMINER) 109. PART II. OTHER SIGNIFICANT CAUSE (70. DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED (FINE MOST IN MEDICAL EXAMINER) 109. PART II. OTHER SIGNIFICANT CAUSE (70. DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	3. NAME OF DECEASED	Fire	st	Middle		Last	OF		Aonth	Day	Year
S. SEX S. COLOR OR RACE T. MARRIED NEVER MARRIED DIVORCED S. DÂTE OF BIRTH S. DÂTE IN BIRTHPLACE (Stote or foreign country) S. Dâys Hours Months Days Hours Minutes	(Type or print)	Freda		Susann	a	Kaiser	DEATH		2	27	19 60
Temple White WIDOWED DIVORCED 6-25-06 53 yrs. WIDOWED 100. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) WILLIAM WI	S. SEX	6. COLOR OR RACE	7. MARRI			. DATE OF BIRTH		9. AGE (In year		YEAR IF U	NDER 24 HRS.
100. USUAL OCCUPATION (Give kind of work done during most af warking life, even if retired) 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT MATERIAL PLANT 12. CITIZEN OF WHAT COUNT MATERIAL PLANT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. MOTHER'S MAIDEN NAME 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. MOTHER'S MAIDEN NAME 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. MOTHER'S MAIDEN NAME 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. MOTHER'S MAIDEN NAME 18. WAS AUTOR OF COURSE OF COUNTY OF COURSE OF CO	Remale	White		35		6-25-06				Days Hou	ırs Min.
Nurse Nurse Naryland U.S.A.		N (Give kind of work of	done 10b. I	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPLACE (Sto)	te or foreign o	country)	12.CITIZ	EN OF WHA	AT COUNTRY?
13. FATHER'S NAME George Wolf 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address S. S. Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PORT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PREFORMED VEST OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P. m. 19 20b. DESCRIBE HOW INJURY OCCURRED While of wark of wark of wark of wark of foctory, street, office bidg., etc. 21. I certify that (I) (this haspital) attended the deceased fram. 9-24- 159 14. MOTHER'S MADEN NAME Charlotte Grossman Address S. S. Hospital Records S. S. Hospital Records S. S. Hospital Records S. S. Hospital Records INTERVAL BETWEE ONSET AND DEA' YEAR IN THE STAND	during most of wark	ing life, even if retired)						,,			
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT Address 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), ond (c). 20.										J.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT 216-09-4168 216-09-4168 216-09-4168 217. INFORMANT S.S. Hospital Records 11. INTERVAL BETWEE ONSET AND DEATH (Internally one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO ACCIDENT WAS UNDERTYING DATE (Internally of CONTRIBUTING COURRED (Internally of Contributions) (County) 20c. ACCIDENT WAS UNDERTYING AUSS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED While of wark of date of services of the part of t	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
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If yes, give wor or dates of service) P16=09=4168 S.S.Hospital Becords	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO	. 17. IN	FORMANT	e uros	SHEATT	Address		
18. CAUSE OF DEATH Enter anly one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Presentle Sclerosis(Alzheimer Disease) Presentle	(Yes, no, or unknown) If yes, give wor or dates of service)										
PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. Conditions if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. Conditions if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. Conditions if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. Conditions if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. Conditions if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. Conditions if ony, which gove rise to immediate couse lost. Conditions if ony, which gove rise to immediate couse lost. Conditions if ony, which gove rise to immediate couse lost. Conditions if ony, which gove rise to immediate couse lost. Conditions if ony, which gove rise to immediate couse lost. Conditions if ony, which gove rise to immediate couse lost. Conditions if ony, which gove rise to immediate couse lost. Conditions if ony, which gove rise to immediate couse lost. Conditions if ony, which gove rise to immediate couse lost. Conditions if ony, which gove rise to immediate couse lost. Conditions if ony, which gove rise to immediate couse lost. Conditions if ony, which gove rise to immediate couse lost. Conditions if ony, which gove rise to immediate couse lost. Conditions if ony, which gove rise to immediate couse lost. Conditions if ony, which gove rise to immediate properties. Conditions if ony, which gove rise to immediate properties. Conditions if ony, which gove rise to immediate properties. Conditions if ony, which gove rise to immediate properties. Conditions if ony, which gove rise to immediate properties. Conditions if one restriction properties. Conditions if one rest			21	6-09-4168_		S.S.Hospital	ecor	ds			
PART I. DEATH WAS CAUSE OB: DUE TO Conditions, if ony, which gove rise to immediate cause (a) DUE TO Lying couse lost. DUE TO Conditions, if ony, which gove rise to immediate cause (b) DUE TO Lying couse lost. C. B. S. assoc. with Alzheimer disease, Pulmonary Tuberculosis, minimal, PERFORMED PERFORMED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor at wark at	1B. CAUSE OF DEA	TH [Enter anly one co	use per lin	e for (o), (b), and (c).	.]					INTERVAL	BETWEEN
DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under. lying couse lost. DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVENUM PART 1(a) 19. WAS AUTO PERFORMED With Dsychotic reaction. Diabetes Mellitus OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year at wark of wark of wark of at wark of at wark of at wark of a	PART I. DEAT	TH WAS CAUSED BY:	Pra	senile Scl	arns.	s(Alzheimer	Dise	ase)			
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. C. Due to (c) Part II. Other significant conditions contributing to death but not related to the terminal disease condition given part 1(a) 19. Was autoper to the performed performed performed performed and a Coldent Was underlying of contributing cause of Death (if either, norther Medical examiner) 20a. ACCIDENT WAS UNDERLYING of CAUSE OF DEATH (if either, norther Medical examiner) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Yeor at work at work at work at work. 21. I certify that (I) (this haspital) attended the deceased fram 2-24-159, ta 2-27-1960, that (I) (we)	305X			Sec. Sec. de de colon co	<u> </u>	TO COLUMN TO SERVICE	223	3007		1	- 4
gove rise to immediate couse (o), storing the under lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVENUN PART I(a) 19. WAS AUTO PERFORMED With Dsychotic reaction. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION CONTR											
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (Section of the p.m. 19 While at wark 21. I certify that (I) (this haspital) attended the deceased fram 2-24-159, ta 2-27-1960, that (I) (we)	lying couse lost.	(c))	Day and the							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (Section of the p.m. 19 While at wark 21. I certify that (I) (this haspital) attended the deceased fram 2-24-159, ta 2-27-1960, that (I) (we)	PART II. OTH									1(a) 19. W	AS AUTOPSY
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (Section of the p.m. 19 While at wark 21. I certify that (I) (this haspital) attended the deceased fram 2-24-159, ta 2-27-1960, that (I) (we)	C.B.S.ass							is , min	imal,		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (Section of the p.m. 19 While at wark 21. I certify that (I) (this haspital) attended the deceased fram 2-24-159, ta 2-27-1960, that (I) (we)	WITH DSY	Chofic read						at II of item 18 \		123	. 110
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (Section of the p.m. 19 While at wark 21. I certify that (I) (this haspital) attended the deceased fram 2-24-159, ta 2-27-1960, that (I) (we)	OR CONTRIBUTING	CAUSE OF DEATH	200. DESC	KIBE HOW INJURY O	CCORRED	. (Enter noture of injury i	n rom i or roi	ir ii or iieni ib.)			
21. I certify that (I) (this haspital) attended the deceased from 9-24- 159 ta 2-27- 1960, that (I) (we)		1	UU	(A-A			1			-	',
21. I certify that (I) (this haspital) attended the deceased from 9-24- 159 ta 2-27- 1960, that (I) (we)	20c. TIME OF INJURY	Month, Day, Yes			20e. PLA	CE OF INJURY (Home, fa ary, street, affice blda., e	rm, 20f. (Cit	y ar town)	(Co	ounty)	(State)
0.35777	p. m.	19			1					-	
0.35777	as I was alforest	(1) (0) 1 1 1 1	1	1.0 1	,	0-2/-	50	2-27-	10.61	2	
saw the deceased alive an 1900, and that death accurred at 1000 and the causes and an the date stated about			0.00				1.10	<u> </u>		e, mar () (we) last
		ed alive an	45	19 0U, and	that d	eath accurred at	上 M, H am	the causes	and an the	date sta	
	220. SIGNATURE	, ,	1	41		ATTENIDING		27.455			22b. DATE
Tanund Tes Man M.D. ATTENDING MED. STAFF 18 2-29	(du	wed &	li.	stuam		A.D. PHYS.	DIRECTOR	PHYS.			2-27-0
22c. PHYSICIAN'S 22d. ADDRESS	22c. PHYSICIAN'S					22d. ADDRESS					
NAME (Type) Edmund Lusthaus M.D. Springfield State Hospital, Sykesville,	NAME (Type)	dmund Lust!	haus !	M.D.		Springfi	eld St	ate Hos	pital,S	ykesv:	ille, Mo
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote))F	23c NAME OF CEN	ETERY OF	CREMATORY	234 1004	TION (City to)	on or county)		State
REMOVAL (Specify) 5/3/16 Parkeling of Ec. 1+0 City	REMOVAL (Specify)	8/2//	F _4				F. C.	1 1	Cit.	(101
	,, ,, ,,				700		126	-	7.7	/	-15
	24 ELINIEDAL DIDECTORS	CICALATIMOE									
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 7 401 F3 6 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE 260 27 401 F3 6 250 280. REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR :	SIGNATURE	19-41		1/12	2Sa. RE	C'D BY REGIS		EGISTRAR'S SIG	NATURE	

VR A1S (4) 1SM 9/59

JOAN SONTABILITIES PERT The own follows is a little of the best of Thought - Thought of others of all all and ent of the Miletti man, iladinell edeti iltelli jarja fant

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Item 20 Film 2MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01827

Rea Dist No.

								Mag. Dis	1. 110.	
1. PLACE OF DEATH		Coos			2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)					V
	Carroll		MARYL	AND	o STATE Maryland b. COUNTY Balto. City					
b. CITY OR TOWN and give nearest I	It autside corporate limits, writ	JARUR e	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (I	f outside corp	porote limits, write	RURAL and	give neorest	town)
Sykesvi	lle	Lda	Bal	timore			3 VO	1,4		
d. NAME OF HOS	PITAL OR INSTITUTION (d. STREET ADDRESS					RESIDENCE		
Springf	ield State H	Hospit	al		231	E. No	orth Ave.			□ NO 🔯
3. NAME OF DECEASED (Type or print) Sadie Margaret			Lost	4. DATE	Monti		Day	Year		
		t	King	DEATH	Febr	uary	14,	19 60		
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE In years	IF UNDER 1	YEAR IF UN	NDER 24 HRS.
Female	White	WIDOWE	D DIVORCED	t 0	ctober 8, 1	.893	last birthday) 66 yrs.	Months D	ays Hour	s Min.
100. USUAL OCCUPA	ATION (Give kind of work	dane 10b. 1	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	or foreign c	ountry)	12. CITIZ	EN OF WHA	AT COUNTRY?
			Nursing		STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY Maryland U.S.A.					
13. FATHER'S NAME	-0				, MOTHER'S MAIDEN I					
					Mary Ungl		•			
John King 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN					PRMANT	COOMET	Address			
(Yes, no, or unknown) If yes, give war or dates at service)										
No	0.0		-	pbt.	rugitera uc	Spical	L necords			
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH										
PARI I. D	IMMEDIATE CAUSE (o)	piration of	food	in		Minu	tes			
921.7 DUE TO larynx and bronchi.										
Canditions, if ony, which (b)										
gave rise to immediate cause ((o), stating the underlying DUE TO										
couse last.	underlying									
Z PARKII. C	THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	INAL DISEAS	CONDITION GIY	EN IN PART	1(a) 19. WA	S AUTOPSY
S scleros	issoc. With di		of unknown c reaction.						YES PER	FORMED?
C.B.S. a Scleros 20d. External C PRIMARY or C CAUSE OF DEAT	CONTRIBUTING L.I		e how injury occurri o not know	D. (Ente	r nature of injury in Par	t I or Port II	of item 18.)			
20c. TIME OF IN	JURY Month, Day, Yes	or 20d, 1	INJURY OCCURRED 20e.	PLACE	OF INJURY (Home, form	n, 20f. (City	or town)	(Coun	ty)	(State)
Hour a.		While	Not while Sp	foctory,	street, office bldg., etc.	osp.	Sykesvil	le Car	rroll	Md.
			remains described				nspection [X],			J Einel Alena
			, Accident ,		•		_		Lan, und	d find that
death result	//	cooses [_, Accident A,	301010	e [], nomicide	, U	ndetermined c	ause [].		
ACTUAL	Ja	2	Mars	0					DATI	E SIGNED
SIGNATURE	janes .	× .	o plank	1						3 100 0
EXAMINER'S NAME (Type)	James T. 1	Marsh,	M.D.		DEPUTY MEDICAL		_		2	/15/60
220. BURIAL, CREMA	TION, 226. DATE THEREC)F	22c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)	(\$1	tole)
BuriaL	Feb.18,	1960	Mount Oliv	ret (Cemetery	Fre	derick,	Mary	land	
23. FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS		240. REC'	D BY REGIST		TRAR'S SIGN	NATURE	
M. R.	Etchison & S	on, F	rederick, , Ma	ryla	and DATEFE	B 1 8 '6	0 0	Thur 8 9	4	
					DAIL!		Cir.	thus I	Tented	

VS. A15ME(5) 5M 9/55

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VR A1S (4) 1SM 9/59

01828

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY C	rroll		MARYLAND	2.	USUAL RESIDENCE (W. STATE Mary)		ed lived. If institution b. COUNTY	on: Residen	erick	Co	.10 V
b. CITY OR TOWN RURAL and give Stresvi	(If outside corporate limi Legrest town)	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF Middletown		orote limits, write R	URAL ond	give neare	est town	2
d. NAME OF HOS OR INSTITUTION Springfie	SPITAL (If not in haspital, gold State Hos	spital	ddress)	1	d. STREET ADDRESS Route # 2 1	Middle	town		e.	ON A	DENCE FARM? NO 1
3. NAME OF DECEASED (Type or print)	Wili:	iam	Elmer		Kinna	4. DATE OF DEATH	Mon	th	911		Year 60
s. sex	6. COLOR OR RACE White	7. MARRIE	DIVORCED DIVORCED		9-1874		9. AGE (In years 86 birthday) yrs.	Months	Days II	Hours	R 24 HRS Min.
letired in	ATION (Give kind of work vorking life, even if retired dependent fa)	farm		Maryland		country)		U.S.A		OUNTRY
13. FATHER'S NAME	avid E.Kinna		0	14	. MOTHER'S MAIDEN M		Fisher				
1S. WAS DECEASED E (Yes, no. or unknown)	EVER IN U. S. ARMED FOR (If yes, give wor or dates of s			Hos	mant pital reco	rds	Add	ress			
Conditions, in gove rise to couse (o), statilying couse la	ng the under-	Rh	tralt forti	- 1	leart teart	Dis	ease		4	eal ec.	rs
Psyci	hosis Wi	th	Cerebral	A	rter10:	sclev	2525	EN IN PAI		PERFO	RMED?
	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	RED. (E	nter nature of injury in	Part I ar Pa	art II of item 18.)				
20c. TIME OF IN.	m. 10	ar 20d. IN While of work	Not while f	octory.	OF INJURY (Hame, far street, office bldg., e	m, 20f. (Ci	ty or tawn)		(Caunty)		(Stote
21. I certify to	that (I) (this haspita eased alive an 2=	l) attende	ed the deceased fram	2 -1	o 1 h accurred at 3 •	60 55A from	2-14- the causes an		O_, tha		
LIGIL	elin del	Con	upo m.D.	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	E			DATE JIGNE
22c. PHYSICIAN	Agustin de	1 Cam	po.M.D.		Springfie	ld Sta	ate Hospi	tal S	ykesv	7111	e Md
23a. BURIAL, CREMA REMOVAL (Spec	1-17	-	23c. NAME OF CEMETERY		Charch Hil	My	ETCS VI	0	Ma	(Stot	oy Yov:
24 FUNERAL DIRECT	OR'S SIGNATURE	. Dr	1 dd e to	0		1 7 '60		STRAR'S SI			

RSALIE After Marie Land . levimon afric. . for the De la company de Taria I BENEVAL WAR Hallivandel Sudayani etable Cympheric

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1837 CERTIFICATE OF DEATH

01829

		0								
1. PLACE OF DEATH o. COUNTY Carrol	1 ,		MARYL		o. STATE Mary	415 2001	d lived. If institution b. COUNTY	rede		mission)
b. CITY OR TOWN (RURAL ond give n	If outside corporate limit	s, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (I	If outside corpo	prote limits, write R	URAL ond giv	ve nearest	town)
Sykesvil			30 y 1 m 6	days	Frederi	ck		1011-	2	
OR INSTITUTION	TAL (If not in hospital, g		oddress)		d. STREET ADDRESS	lith St	reet		0	RESIDENCE N A FARM?
	eld State H	-								
3. NAME OF DECEASED (Type or print)	Firs Ma:		Middle Agne	25	Krepps	4. DATE OF DEATH	Mon 2	th	Day 12	19 60
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years lost birthday)			NDER 24 HRS
Fem	White	WIDOW	DIVORCED		1-29-68		91 yrs.	Months [Doys Ho	urs Min.
10a. USUAL OCCUPATION	ON (Give kind of work of king life, even if retired)	lone 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	ote or foreign o	ountry)	12. CITIZ	EN OF WH	AT COUNTRY
Salesla			Dept. Store		Marv	land		U	.S.A.	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN					
Solomon	n Garber				Isabell	Brigh	twell			
	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO		II.	Add	ress		
(101, 110, 07 011110111)	(in yes, give wor to doller or se	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None	S.	S. Hospita	l ecor	ds	5 3		
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]		The later					LBETWEEN
PART I. DE/	ATH WAS CAUSED BY:	Т	rombocytope	enic i	niirniira				yea	ND DEATH
296 X	DUE TO		Tr Olling Coll a bib		000 1000		0 - 11	1		
Conditions, if o	ny which)									
gove rise to i	mmediote (5		
lying couse lost.	the <u>Under-</u>								-	
	, ,		CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY REORMED?
5	-p			0.3					YES	□ NO 🖪
20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	Enter noture of injury	in Port I or Po	rt II of item 18.)			
Z 20c. TIME OF INJUI	RY Month, Doy, Yes	r 20d. I	NJURY OCCURRED 2	Oe. PLACE	OF INJURY (Home, fo	orm, 20f. (Cit	y or town)	(Co	ounty)	(Stote
20c. TIME OF INJUI Hour o. m.	19	While of wor		foctory	, street, office bldg.,	etc.)				
	. (1) (1) 1 1 1 1				10-20-	12 54 to	2.12	1060		15 () 1
		Tattend 112-	ded the deceased f	rom	th accurred at		2 12	, 19.00	_, that (I) (we) los
say the decea	sed alive an	2147	19 00 , ond t	hat deal	th accurred at 4		the couses ar	nd on the	dote sta	22b. DATE
Copin	and Fr	د	thous	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF A	6 6 11		2-13-6
22c. PHYSICIAN'S NAME (Type)	dmund Lusth	aus I	M.D.		22d. ADDRESS Springfi	eld Sta	ate Hospi	tal, S	ykesv	ville,
230. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 23b. DATE THEREO	F	23c. NAME OF CEMEN Mount Oli				TION (City, town, derick,	or county)	Maryl	(Stote)
24. FUNERAL DIRECTOR	'S SIGNATURE	14.	ADDRESS rederick, M	aryla		EB 1 6 6		STRAR'S SIGI		C VI

may be revained by the haspital or ding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and the filled with 515 page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 house ofter death. N. The law requires that the death certificate be executed with TO HOSPITAL OR ATTENDING PHYS VR A15 (4) 15M 9/59

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	may a sea			
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Bosewall , in Institute 1		aven o we		

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1838 CERTIFICATE OF DEATH

Rea. Dist. No.

		143/3							
1. PLACE OF DEATH o. COUNTY G	ARROLL		MARYLAND	a STATE	DENCE (Where dec	eased lived. If inst b. COU	HTV	timore	nissian)
RURAL and give	(If autside carporate limit nearest town) Sykesville		oth of stay in 16	-	atonsvil	carporate limits, wri le 28	te RURAL and	give nearest to	own)
OR INSTITUTION	ITAL (If not in hospital, gi ield State H			d. STREET A	O5 Lee D	rive		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Martha	it	Middle Elfreda	KUNKEI.	OF		Month 2 -	Day	Year 19 60
5. SEX Female	6. COLOR OR RACE	7. MARRIED 🔯	DIVORCED _	8. DATE OF BIRTI		9. AGE (In ye last birthdo	y) Months	Days Hou	
during most of wo	ION (Give kind of work of rking life, even if retired) ife - OFFICE (New	ACE (State or foreing YORK MAIDEN NAME	ign country)		S.A.	T COUNTRY?
Rhienh	old Roessler			Elf	0	MANda		EL	
(Yes, no, or unknown) NO	ER IN U. S. ARMED FORG		SECURITY NO.	Hospital	records	•	Address		
PART I. DE 400.1 Conditions, if gave rise to cause (a), stating lying cause last	immediate DUE TO	Arteri	osclerotio					ye ar	
3	THER SIGNIFICANT CONIC. WITH DIST		OI ME LADO.					n PEI	RFORMED?
OR CONTRIBUTIN	G CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Day, Yea	r 20d. INJURY C	OCCURRED 20e. P	LACE OF INJURY (Hame, farm, 20f.	(City or town)		County)	(State)
21. I certify solution alive on	that I attended the 2-13-	1960 Lu	, and that deat	h occurred at	12-40 M, fr. ADDRES	3-, 19 am the causes ss (Street, city or to State Hot Maryland	and an the own, state)	e date stat	
	ON, 226. DATE THEREO	1 100	AME OF CEMETERY OF			GCATION (City, to		. (5	State)
23. FUNERAL DIRECTO	r's signature & Wa	Eters,	PRAHY STRIN	KER Sts	24a. REC'D BY REDATE FEB 1		Carthun 2		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, TO 1839

CERTIFICATE OF DEATH

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		Keg. Dist. 140.
	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
t	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL ond give nearest town)	X NEW MANNENS
H	d. NAME OF HÖSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
B	RROOKFIELD-MANOR-NURSING HON	1E RURAL YES NO
1 0	NAME OF First Middle DECEASED (Type or print) APTIFIED FRANCIS	Last 4. DATE Month Day Year OF DEATH FER 4 1960
5.6		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
V	WHITE MALE WIDOWED DIVORCED	3 July 1879 lost birthday) Months Days Hours Min.
10o.	lo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
j-	FARMER-OWNER-RETIRED	MARYLAND U.S.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	FRANK LAMBERT	MARGARET METZ
	(es. no. or unknown) (If yes. give wor or dates of service)	FORMANT Address
	NO NO 219-36-0914NIR	STEARLHOFF NEW WINDOWR MD
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o) arteriaselenet	is Carolio-Vascular dissece, years
	4dd./ DUE TO	
۲	Conditions, if any, which gove rise to immediate (b)	
	casse (o), stoting the under-	
z	, (0)	FOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ATIO	1	PERFORMED? YES \(\text{NO} \(\text{NO} \)
CERTIFICATION	200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. White Not white of work of work of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	21. I certify that I attended the deceased from. 12/1/5	8, 19 to 2/4/60, 19 that I last saw the deceased
Н	alive on 2/4/40, 19 , and that death	occurred at 7.25 M, from the causes and on the date stated above.
	me pi -	ADDRESS (Street, city or town, stote) DATE SIGNED
	SIGNATURE (E. Nobertson M	o. New hundren - mel 2/4/60
	PHYSICIAN'S M. E. ROBERTSON	NEW WINDSOR MA
220	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or county) (Stote)
E	DURIAL 2/1/60 TIPE CREI	EK CEMCARROLL GUNTY MS
35.	FUNERAL DIRECTOR'S SIGNATURE	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	IN Transcustous Illustrandente	Med. DATER 8 '60 arthur S. Kraus

	TE OF DEATH	ADRITION - OF	
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			THE RESERVE OF STREET
And the second			
		mar) bagra Miles Imil Imar	es (II) America (I (II) es (I (II) es (I (II) es (III) es

FUNERAL DIRECTOR'S SIGNATURE

may be retained by the FUNERAL DIRECTOR: page 0 VS A15 (4) Rea. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Adams c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover. Pa. R. D. 1 IS RESIDENCE ON A FARM? Hanover. Pa. R. D. 1 YES NO T Year 2/11/60 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 77 (In years Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. Mary Bllen Fridinger Address Roy D. Leese. Westminster. Md. R. D. 2 INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO T (County) (State) 1959, to 2 - 18 43 1960, that I last saw the deceased , and that death accurred at 4500 A. From the causes and an the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (State) Nr. Westminster, Carroll Co. Md. Bachmans Valley Cemetery 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE FEB 1 5 '60 Littlestown. Pa. Civinus & Thouse

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VS A15 (4) 15M 9/58

RYLAND	STATE	DEPARTM	NENT OF	HEALTH-	-BALTIMORE,	18
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1841 CERTIFICATE OF DEATH

MA

Rea. Dist. No.

	MARYLAND	2. USUAL RESIDENCE (te befare admission)
+ 1	STH OF STAY IN 16	* le.		mits, write RURAL and g	ive nearest tawn)
		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
-P-BRO	Middle OOKE-L	LEISTE (4. DATE OF DEATH	Leb H	Day Year 1, 1964
WIDOWED [DIVORCED [9-23-18	84 9. 40		1 YEAR IF UNDER 24 HRS Days Haurs Min.
wark dane 10b. KIND OF retired)	BUSINESS OR INDUS	-	nd	12. CITI	WS A
Leite	7	Isabel	la Ga	Chreit	h
of test of service)	4-1926-	Iela Ho	efeld &	eister fee	enmount h
DBY: Stih-Am		morrhage	0		INTERVAL BETWEEN ONSET AND PEATH 2 hou
(b) DUE TO (c)	UTING TO DEATH BUT	NOT RELATED TO THETER	RMINAL DISEASE CON	IDITION GIVEN IN PAR	PERFORMED
DEATH	W INJURY OCCURRED	. (Enter nature of injury	in Part I ar Part II af	item 1B.)	YES NO
While _ Nat	t while fact			wn) (C	Caunty) (State
		, 19, ta_ accurred at 10:44		causes and an the	st saw the deceased date stated above
erfield, M.D.		A.D. Hampst	ead, Md.		3/2/0
THEREOF 22c. N.	AME OF CEMETERY OR	CREMATORY	22d JOCATION	(City, tawn, ar caunty)	Mac State)
AD	DREEC	240 PS	C'D BY REGISTRAR	24b. REGISTRAR'S SIG	SNATURE
	First RACE 7. MARRIED WIDOWED wark dane 10b. KIND OF retired) DEPTORES? 16. SOCIAL States of service) DIE TO (b) DIE TO (c) TONDITIONS CONTRIBUTE TO While No at wark at wa	pital, give street address) First BROOKE RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED WIDOWED DIVORCED Wark dane 10b. KIND OF BUSINESS OR INDUS retired) ACT ON ATTA CHOOL HE DEATH TO DESCRIBE HOW INJURY OCCURRED While 19 at wark and wark 10 BSCRIBE HOW INJURY OCCURRED While 19 at wark and wark CETTIOL ON TO THE CONTRIBUTION OF THE CONTRIBUTIO	maryland Colling of the limits, write Colling of the limi	ARAPLAND Comparison Compar	The limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWNY (If autiside corporate limits, write RURAL and getting)

REASON STEDENS 1981 Barrell Bright De March But the morning with the the words steering the factorial for the the second of the first for the forest that the second SALL SALES

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Carroll Maryland c. LENGTH OF STAY IN 1b. b. CITY OR TOWN (If outside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) 1 vr. 7 mo. 27 dBaltimore Sykesville d. NAME OF HOSPITAL (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 915 East Baltimore Street YES NO W Springfield State Hospital NAME OF 4. DATE Middle Yeor DECEASED Rubin DEATH (Type or print) Anna Levitz February 1960 IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months DIVORCED [Female white WIDOWED TO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A housewife Latvia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address Springfield Hospital Records No None INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia days IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. C.B.S. assoc. with disturbance of metabolism, growth or nutrition PERFORMED? YES NO TO with senile brain disease with psychotic reaction 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factary, street, affice bldg., etc.) Hour a.m. Not while at wark of wark p. m. 21. I certify that (I) (this hospital) attended the deceased from June 6 19 58 , to February 3 .. 1960 , that (1) (we) last saw the deceased glive on February 219 60, and that death accurred an IOM Afront the causes and on the date stated above.

220 STGNATURE

22c. PHYSICIAN'S

NAME (Type)

Edmund Lusthaus, M.D.

22d. ADDRESS Springfield Hospital, Shkesville, Md.

STAFF PHYS.

23d. LOCATION (City Dwn, or caunty)

BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specife UNERAL DIRECTOR'S SIGNATU

25a. REC'D BY REGISTRAR

DIRECTOR T

ATTENDING PHYS.

M.D.

25b. REGISTRAR'S SIGNATURE arthug S. Frank

22b. DATE

(Stote)

VR A15 (4) 15M 9/59

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THE RESERVE OF THE PERSON OF T the many are finish that the life of the first section of the first section in the first sect abuse all daries on the firm that and we have not dispersely and the design of the state of The the reconstruction of the second of the second property and represent the second of the second o A STATE OF THE PERSON AND ADDRESS OF PRINCIPLE STATE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE Actes and bear to The affirmation of the land of the land THE MEDICAL CONTROL OF THE PARTY OF THE PART CERTIFICATE OF DEATH

	- A C	L 35			Keg	. Dist. No.
1. PLACE OF DEATH a. COUNTY	CARROLL	MARYLAND	2. USUAL RESIDENCE (WO. STATE MA RYLAND		COUNTY	TIMORE CITY
RURAL ond give n		orile c. LENGTH OF STAY IN 16 5 mths -15 d	c. CITY OR TOWN (IF			
OR INSTITUTION	TAL (If not in hospital, give	street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Springiter	d State Hosp:	Ital	817 N. Eut	aw Place		YES NO
3. NAME OF DECEASED (Type or print)	GRACE	Middle WELLMAN	LOVELL	4. DATE OF DEATH	Month 2	Day Year 10 19 60
5. SEX Female		MARRIED NEVER MARRIED I	8. DATE OF BIRTH 9/29/84		E (In years IF UN birthday) Mont	ths Days Hours Min.
100. USUAL OCCUPATION during most of wor unknown	ON (Give kind of work don king life, even if retired)	106. KIND OF BUSINESS OR INDU				CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN I			USA
Henry Lym	an Lovell		unkno			
		e)	INFORMANT Springfield H	osnital E	Address	
	the under but to (c) HER SIGNIFICANT CONDIT Brain Syndron	Generalized Arte	NOT RELATED TO THE TERM	n disease	reac	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of i	item 18.)	
ZOc. TIME OF INJUI Hour a.m. p. m.		20d. INJURY OCCURRED While Not while at work at work	ACE OF INJURY (Home, forn ictory, street, office bldg., etc	n. 20f. (City or tov	vn)	(County) (Stote)
21. I certify the alive on2/ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	fertrude M.		n accurred at 7:45 Sylvanian Sylvanian Springfie	ADDRESS (Street, c	causes and a lity or town, state)	t I last saw the decease in the date stated above DATE SIGNE 2/10/60
220. BURIAL, CREMATIC REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY C		224_LOCATION (
23. FUNERAL DIRECTOR	'S SIGNATURE,	ADDRESS /	24a. REC	D BY REGISTRAR EB 1 5 '60	24b. REGISTRAR	S SIGNATURE

haurs after death. Page 4 AN: The law requires that the death certificate be executed with

may be retained by the hospital at diag physician.

TO FUNERAL DIRECTOR: After this certricale has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72-hours after death.

TO HOSPITAL OR ATTENDING PHYSIC VS A15 (4) 15M 10/57



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1. PLACE OF DEATH

may be retained by the hospital of "ding physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove copport agrees. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hour offer death.

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4 hours ofter death. Page 4 IN: The low requires that the death certificate be executed with MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1844

KUFICA	IE OF DEATH	
MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore	1
OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	
1 1 D	Baltimore County - Sparks 03x 2	

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Carroll		MARYLAND	Maryland		b. COUNIT	Baltin	nore	V
b. CITY OR TOWN (I	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate	e limits, write RI	JRAL and give	nearest taw	n)
Sykesvil		19Y 8M 1D	Baltimore	County	- Spar	ks of	3x-2	
d. NAME OF HOSPIT OR INSTITUTION	TAL (If nat in haspital, give stree	t address)	d. STREET ADDRESS					SIDENCE A FARM?
	leld State Hosp	ital	None					NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mon			Year
(Type or print)	Erma		Lupton	DEATH	Februar	•		1960
S. SEX	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH		AGE (In years last_birthdoy)	Months Do		ER 24 HRS
Female	white widow	VED DIVORCED	January 2, 19	900	last birthdoy) 60 yrs.	INOMINIS	75 110013	With,
10o. USUAL OCCUPATIO	ON (Give kind of work done 10b king life, even if retired)	. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign coun	itry) 🔅		OF WHAT	COUNTRY
	teacher	qui	New Jers	зеу		U.	S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	- 3			
Edwind S.	Lupton		Clara M.	Wyckofi				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	NFORMANT		Addi	ess		
No	-	None	Springfield Ho	ospital	records	3		
18. CAUSE OF DEA	ATH [Enter only one couse per	line for (a), (b), and (c).]					INTERVAL BI	
PART I. DEA	TH WAS CAUSED BY:	hronic rheumat	ic heart dise	ase			year	
416X	DUE TO							
Conditions, if a	iny, which) (b)	acute systitis					wee	ks
gove rise to i	mmediate (
lying couse last.	(c)				1150E 105			
Z PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1(19. WAS	AUTOPSY ORMED?
PART II. OTI	Schizophreni	ic reaction, pa	ranoid type					NO [
200. ACCIDENT W		SCRIBE HOW INJURY OCCURR		Port I or Port II	of item 18.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
20c. TIME OF INJUR		t.	LACE OF INJURY (Hame, farm		town)	(Cour	nty)	(Stote
20c. TIME OF INJUR Haur a. m. p. m.	19 While	e Not while	octory, street, office bldg., etc)				
	at (I) (this haspital) after	ded the deserted from	May 31 10	40 to Fe	hruary	2 1060	that (I)	(wa) la
	sed olive on Februar							
22a SIGNATURE	sed office off	12	deall occorred dit 3-4	,971,481631818111	e cooses an	d on me d		26. DATE
Lahu	und She	sluaer	M.D. PHYS.	ED.	STAFF PHYS.		2	13/6
22c. PHYSICIAN'S			22d. ADDRESS				~	1 21 4
NAME (Type)	Edmund Lusthan	us, M.D.	Springfie	ld Hosp	ital, S	ykesvil	le, Me	d.
230. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town,	or county)	(Sta	ite)
REMOVAL (Specify)	211160	Conson Man	at Constance	0	a ·	2.4		

Tremation 2/4/00 | Green Mount Cemeral Director's SIGNATURE ADDRESS

Leonard J. Ruck 5305 Harford Road #14 24. FUNERAL DIRECTOR'S SIGNATURE

25a. REC'D BY REGISTRAR DATE FEB 9 '60

arthur & Kraus

25b. REGISTRAR'S SIGNATURE

VR A1S (4) 1SM 9/59

TO HOSPITAL OR ATTENDING PHY

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TO HOSPITAL OR ATTENDING PHY

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2845 CERTIFICATE OF DEATH

1. PLACE OF DEATH c. COUNTY Carroll	MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland Balto.City
b. CITY OR TOWN (If autside carporate limits, RURAL and give nearest town)	, write c. LENGTH OF STAY IN	1 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)
Sykesville	22 days	Baltimore 3 V 0 / - 4
d. NAME OF HOSPITAL (If not in hospital, giv OR INSTITUTION	re street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Springfield State Ho	ospital	1731 N. Charles St. YES NO T
3. NAME OF First DECEASED	Middle	Last 4. DATE Manth Day Year
(Type or print) Evely		tteston Matthews Death February 3, 1960
	MARRIED NEVER MARRIED	(ast pirinday) Manths Days Haurs Min
- E-maile	WIDOWED DIVORCED	
during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Artist	-	Virginia U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Robert Litteston		Frances Valentine
1S. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates of serv	es? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
No -	-	Springfield Hospital Records
1B. CAUSE OF DEATH [Enter only one cous		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Rheumatic heart	t disease with aortic stenosis Years
4//X DUE TO		
Canditians, if any, which (b)_ gave rise to immediate		
cause (a), stating the under-		
lying couse last. (c)_		
PART II. OTHER SIGNIFICANT CONDITION C.B.S. assoc. with cer 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	rebral arterios	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CLEROSIS, with psychotic reaction. PERFORMED? YES 10 NO
	0b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part I ar Parl II of item 1B.)
20c. TIME OF INJURY Month, Day, Year Haur a. m. 19	20d. INJURY OCCURRED While Nat while at wark at wark	Oe. PLACE OF INJURY (Hame, form, 20f. (City ar town) (Caunty) (State factory, street, affice bldg., etc.)
21. I certify that (I) (this haspital)	attended the deceased fr	rom January 11, 19 60 to February 3, 1960, that (I) (we) los
		hat death accurred at 0:20 PHbm the causes and an the date stated above
22a. SIGNATURE	3.	22b. DATE ATTENDING MED STAFF SIGNEI
22c HYSICIAN'S	Mary Cla	M.D. PHYS. DIRECTOR PHYS. 2/1/60
WALALIE CO.	Margolin, M.D.	Springfield Hospital, Sykesville, Md.
23g BURIAL CREMATION, 23b. DATE THEREOF	23c NAME OF CEMENT	ERY OR CREMATORY 23d. LOCATION (City, Jayn, ar caunty) (State)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
slonard & Luc	R 530 /	Largery DATE FEB 9 '60 arting & there

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 12 hours after death.

VR A15 (4) 1SM 9/S9

BURIAL, CREMATION, REMOVAL (Specify)

Burial 2/12
24. FUNERAL DIRECTOR'S SIGNATURE

23b. DATE THEREOF

			845	CERTIF	ICAT	E OF DEATH				- (7		00
1. [Carroll			MARY	(LAND	2. USUAL RESIDENCE (Who state Maryland	ere deceased		in: Residence		dmissio	7
-	CITY OR TOWN (RURAL ond give n	If outside corporate lin earest town)	nits, write	c. LENGTH OF STAY		c. CITY OR TOWN (If or	ulside corpor			ve nearest	town)	
	Sykesvi	-		4yr.7mo.12	2days	Baltimore		3401	-4			
	OR INSTITUTION	TAL (If nat in haspital,				d. STREET ADDRESS	A			(RESID	
_		ield State				3605 White						
-	NAME OF DECEASED (Type ar print)	Marg	aret	Middle Gertrud		Miller	4. DATE OF DEATH	Februar		Day 10		ear 260
S. S	SEX			RIED A NEVER MARRI	ED B.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF	JNDER	24 HRS
F	emale	White	WIDOWI		_	August 8, 197	4	last birthdoy) 85 yrs.	Months [Days H	ours	Min.
10a	. USUAL OCCUPATION	ON (Give kind af work king life, even if retire	dane 10b.	KIND OF BUSINESS C	OR INDUSTI	RY 11. BIRTHPLACE (State	or foreign co	ountry)	12. CITIZ	EN OF WI	HATCO	UNTRY
		lousewife	٥)	_		Maryland			TI TI	.S.A		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N						
W	illiam S.	Bartlett				Charlotte	Bartl	ett				
				SOCIAL SECURITY NO). 17. INFO	DRMANT		Addi	ess			
(Te	No	(If yes, give war or dates of		None	Sm	ringfield Hos	nital	Records				
_		ATM Finter only one o		ne for (o), (b), and (c).		THE TORK III	102.00.12			INTERVA	M RETY	WEEN
	0.040 1.00	ATH WAS CAUSED BY:	100	ute heart	•	re	1			hou	AND D	
	422.1	DUE TO	0					B. B. V				
	Conditions, if o		b) Ar	teriosclero	otic o	cardiovascula	r dis	ease		year	rs	
	gove rise to couse (o), stoting		0							130		
	lying cause lost.		(c)		-100							
ATION	C.B.S	. assoc. W	ith c	irculatory	dist	of Related to the Terminarbance, 15.0	NAL DISEASE) Wit	condition GIV	EN IN PART	P	ERFOR	JTOPSY MED? NO K
CERTIFICATION	20a. ACCIDENT W	iosclerosi AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	th psychot.	CCURRED.	(Enter noture of injury in F	art t or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJU Haur a.m. p. m.	RY Month, Day, Y	ear 20d. II While of war	NJURY OCCURRED Nat while t ot wark		E OF INJURY (Home, farm ry, street, affice bldg., etc.		or tawn)	(Co	ounty)		(Stote
	21 I cortify the	at (1) (this hasnite	Valtero	ded the deceased	from Ji	ine 28 10	55 toF	ebruary	10 10 6	O that	11) 150	a) las
	and described	and alive as Fe	brnar	v 910 60	AL AL J	ath accurred a5:10					1 / 1	
	22a. SIGNATURE	sed dive on 10	- mis	17 00, and	rnar de	ain accurred apend	त्रक, शतः स्था	me causes an	a an the	date sto		DATE
	Zom	mel &	u	share	M.	D. ATTENDING ME	D. RECTOR	STAFF PHYS. 🔀				SIGNED
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS						
	(Type)	Edmund Lu	sthau	s, M.D.		Springfield	Stat	e Hospita	al. Sy	kesv	ille	e, M

23c. NAME OF CEMETERY OR CREMATORY Green

ADDRESS

25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

23d. LOCATION (City, town, or county)

FEB 1 5 '60 DATE

arthur S. Kraus

HIARO TO THANKINGO - XXI The second and the second second the state of the state of the state of The sales of the contract of the sales of th The second secon . The block of the state of the Mr. I The last the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1 227 CERTIFICATE OF DEATH

1817

2	19	1
4 haurs after death. Page 4	erol director, be filed with	M
haurs after de	d in by the funeral director, I and 2 shauld be filed with	015

may be revained by the haspital or anding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be the State Baard at Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

AN: The law requires that the deoth certificate be executed with

TO HOSPITAL OR ATTENDING PHY

VR A15 (4) 15M 9/59

PLACE OF DEATH	40	1		1 2	USUAL RESIDEN	CE (Where do	anned live	4 16 imediana	on Periden	ce before	admissi	on) /
CONTRACTOR OF THE PARTY OF THE	roll		MARYLA		a. STATE	yland	edsed live	b. COUNTY		ty	COTTINGST	on,
b. CITY OR TOWN (RURAL and give n	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TOV	VN (If outside	corporate l	imits, write f	RURAL ond	give neare	est lown	
Sykes			ll days		Balti	more 31	. Md		3V0	1-16		
	TAL (If not in haspital, a	ive street			d. STREET ADD						IS RESI	
	eld State H	ospit	-al		1617 T	ancaste	r St	reet				FARM?
NAME OF	Fir		Middle		Last	4. D/		Mo	nth	Day	Y	ear
(Type or print)	Kath	erine	e(Katie)		Willion	0	ATH	2		6	1	960
. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. C	ATE OF BIRTH		9. A	GE (In years st birthday)	IF UNDER Months			
Female	White	WIDOW	DIVORCED		8-26-18	79	- "	80 yrs.	Months	Days	Hours	Min.
Do. USUAL OCCUPATI	ON (Give kind of wark	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	E (State or fore	ign country)	12.CIT	IZEN OF V	VHAT C	DUNTRY
during mast or wor	rking life, even if retired)			Germ	ame			IISA	Nata	Loui	100
3. FATHER'S NAME				1	4. MOTHER'S MA				ULB	Hali	Hal.	1250
	Not Know	n				Not F	nown					
5 WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	17 INFO	RMANT			Ado	iress			
Yes, no, or unknown)	(If yes, give war or dates of s		unkn		ospital	Paganda						
no				210	Sprear	records						
	ATH [Enter only one co			-							VAL BET	
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bilateral Br	onch	opneumon	ia		330		da	ys	
491X	DUE TO											
Canditians, if	any, which) (b											
gave rise to	immediate (,					1					
lying couse last	the nuger-	,										
CBS ass	HER SIGNIFICANT CON OC. With se tic carcino	ni le	CONTRIBUTING TO DEAT Drain disea	H BUT NO	T RELATED TO TH	IE TERMINAL D	SEASE CO	NDITION GI	VEN IN PAR	RT 1(a) 19.	WAS A PERFO	NO NO
20a. ACCIDENT W	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCC		-						H	
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yes	While	NJURY OCCURRED Nat while k at work		OF INJURY (Hon r, street, office bl		(City or to	own)	(1	County)		(Stat
21. I certify the	at (1) (this haspital) attend	led the deceased fi	ram	L-23-	19.60.	ta	2-60	19	60, tha	t (1) (v	we) la
	sed alive on 2	-62	19 <u>60</u> , and t									,
220 SIGNATURE	1	0-	17.29.7 dild 1	nai dea	The decorred c	PM	dill lile	cuoses u	ind dir iiii	e date .		DATE
Egn	und I	L	Man	M.D		MED.	R 🔲 S1	AFF T			2-	Leicht.
22c. PHÝSICIAN'S NAME (Type)	dmund Lusth	aus 1	4.D.		Spring	field S	tate	Hospi	tal,	Sykes	vil	le,
3a. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 23b. DATE THEREC		23c. NAME OF CEMET	ERY OR C	REMATORY	23d. l	OCATION	(City, town,	or county)		(State	e)
		960	Oak Law	m		Ba	ltime	25b. REG	aryla	nd		
4. FUNERAL DIRECTOR			ADDRESS		25		_					
LILLY & Z	eiler Inc.	190	L Eastern Av	e.	D	ATE FEB 1	1 '60	(arthur 2	8. Hras	LA	

ARE DESCRIPTION OF STREET AND PROPERTY OF STREET Minist Int 10 100 1000 Inter fundamed promisting A SECTION OF WHAT SET TO SEE willy a cities inc. 199 determ ave.

1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01840

			1840											
	PLACE OF DEATH	roll	2010		MARYLAN	2.	o. STATE Mai	NCE (Wh	ere deceased 1d	b. COUNT	ion: Resident Montgo	omery	odmissio	178
	b. CITY OR TOWN (I		e limits, write	c. LENGTH	OF STAY IN 1	ь				rate limits, write	RURAL and g	ive neare	st lawn)	
	Sykesvil			2yrs.	3mths.7	dys.	Ken s	singt	ton		/	15 X	- 2	reside .
	d. NAME OF HOSPIT OR INSTITUTION. Springtie	AL (If not in hospi Ld State	Hospit	address)		14	d. STREET AD		in Str	eet			IS RESID	FARM?
	NAME OF DECEASED (Type or print)		First John	V	Middle Villiam		Lost	ck	4. DATE OF DEATH	Mo		Day 28		ear 960
5. 5	SEX	6. COLOR OR R	ACE 7. MAR	RIED NEVE	R MARRIED	8. DA	ATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER Manths			
	Male	White	WIDOW	ED 🔣	DIVORCED [5-2- 1	383		76 yrs		Days	Haurs	Min.
1	. USUAL OCCUPATION during mast af warl renter-pa	king life, even if re	vark dane 10b. etired)	KIND OF BU	SINESS OF IN	DUSTRY	Virgi		ar fareign c	auniry)	U.S.	ZEN OF V	VHAT CC)UNTRY?
13.	FATHER'S NAME				Y	14	. MOTHER'S M	AIDEN N	IAME				-	
	Willia	am Mock			-		Ma:	ry Be	ertram	1			-35	
(Ye		R IN U. S. ARMED (If yes, give war or do	es of service)			7. INFOR				Ad	dress			
=	no			8-30-25		nos	pital:	reco	ras			Liviero	IAI DET	
	IB. CAUSE OF DEA	ATH [Enter anly a ATH WAS CAUSED IMMEDIATE CAU	8Y: Bron									ONSE	VAL BET FAND E	DEATH
	491X	DU	JE TO	*	37				3.60					
	Canditians, if a gave rise to i cause (a), stating	mmediate ((b)											- 4
-	lying cause last.)	(c)											
CERTIFICATION	C.B.S. ass Large in	r significant octated fected b	with se	CONTRIBUTION CONTR	rain d	isea	se with	psy	ensett	FCPERCE	on in Par	1 1(0) 19.	PERFOR	NO [
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [CAUSE OF DI MEDICAL EXAMIS	ATH	SCRIBE HOW	INJURY OCCU	RRED. (E	nter nature of	injury in I	Part I ar Par	(Laf Hem 18.)				
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day	, Year 20d. While al wa		ile		OF INJURY (He street, affice I			y or town)	(0	County)		(State
	21. I certify the	at (I) (this hos	pital) atten	ded the de	ceased fro	m 11-	-21	12		2 –28– the causes a		0_, tha		
	220. SIGNATURE	is to	del	Cam	So.	M.D.	ATTENDING PHYS.	eute Mi	ED. RECTOR	STAFF	nd on me	dutes	22b. 2-28	DATE
	28c. PHYSICIAN'S NAME (Type)	Agustin	del Cam	po M.D	•		22d. ADDRES	S		e Hospi	tal Sy	ke s v:	ille	,Md.
230	2. BURIAL, CREMATIC REMOVAL (Specify)		GO.	236 NAME	OF CEMETER	Y OR CR	EMATORY	Bek	23d. LOCA	TION (City, town	or county)		(State)
24.	FUNERAL DIRECTOR	S SIGNATURE	ISK	ADDRE	Result	12 ;	//	25a. REC'			SISTRAR'S SI			

VR A15 (4) 1SM 9/59

Area, Toler, err.), 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 AND THE PERSON OF THE PERSON O CAPTER SELECTION · · · onen fa nides

e. IS RESIDENCE ON A FARM? YES NO

Yeor

1960

institution: Residence before admission)

Carroll write RURAL and give nearest town)

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

27

Days

Manth

Months

. e			1849 CERTIFICATE OF DEATH										
director,	M		LACE OF DEATH COUNTY Carroll			MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. b.					
erol be		ŧ	CITY OR TOWN (IF RURAL ond give new WOOD)	prest town)	nits, write	Life	(IN 1b						
NX.	×	(OR INSTITUTION	AL (If not in hospital,	give stree	oddress)							
- E	= 5		NAME OF DECEASED Type or print)	HARRY F	irst	A •	e	MOORE	OF				
completely filled bapers. Pages 1 ours after death.		s. s	ale	6. COLOR OR RACE White	7. MAI	RRIED ANEVER MARR		Sept. 12,	1890	9. AGE (In years last birthday) 69 yrs.			
0/	-		. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Farming (Owner) Maryland Farming (Owner) Maryland										
Pi G G	1)	13.	FATHER'S NAME Harr	y L. Mo	ore			14. MOTHER'S MAIDEN Kathe		Benard			
0 - >			IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give wor or dates of service) 213-36-8172 Mary E. Moore, Woodbine,										
often n ple				TH [Enter anly one of TH WAS CAUSED BY: IMMEDIATE CAUSE	couse per	line for (a), (b), and (c) ardiac a	rres	t, Cornar	, Hero	mboris,			
by the it. The al, and			PART I. DEATH WAS CAUSED BY: Cardiac arrest, Cornary Herombons, 433.0 DUE TO Conditions, if any, which) (b) Complete beard black, arteriorderosis										
signed by			gave rise to immediate couse (a), stating the <u>under-lying couse lost.</u> (b)										
as been si iol-transit ation, ar r	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV										
ficate has be the buriol-tro of, cremation,	CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
use as the to buriof,		MEDICAL	20c. TIME OF INJURY Haur a.m.	Y Manth, Doy, Y	Whil	INJURY OCCURRED e Nat while ork at work		ACE OF INJURY (Home, far ctory, street, office bldg., et		ty or town)			

21. I certify that (I) (this haspital) attended the deceased from

March 1.1960Pine

ADDRESS

M.D.

M.D.

Hall

ard Address ine, Maryland INTERVAL BETWEEN ONSET AND DEATH ION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO n 1B.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) 1960, that (1) (we) last ased from 1720, 19, ta 1750, 1960, that (1) (we) last and that death accurred of 2.30M, from the causes and an the date stated above. 22b. DATE SIPPLED. ATTENDING PHYS. STAFF PHYS. MED. 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) Maryland Mt. Grove Cemetery 256. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR DATE MAR 1 Winfield, Maryland

ding physician. page 3 shauld be detoched far use as the State Board of Health priar to bur may be retained by the hospital or TO FUNERAL DIRECTOR: After this

AN: The low requires that the death certificate be executed with thaurs after death. Page 4

saw the deceased alive an

23a. BURIAL, CREMATION, 23b. DATE THEREOF

Howard

G. M. WALTZ.

22o. SIGNATUR

22c. PHYSICIAN'S

NAME (Type)

24. FUNERAL DIRECTOR'S SIGNATURE

VR A1S (4) 1SM 9/59

TO HOSPITAL OR ATTENDING PHY

THE COME SALE WATER The state of the s Table

Carlo Markette Markette Millian . Sheet

No.

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

170	1	QE O	CERTIFICA	ATE OF DEAT	Н		Reg. Dist.		84
1. PLACE OF DEATH a. COUNTY	Carroll	000	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary	here deceose yland	ed lived. If instituti b. COUNTY			n)
b. CITY OR TOWN RURAL and give r	(If autside corporate lim nearest town) NIVION	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo		URAL and give	e nearest town)	2
d. NAME OF HOSPI	ITAL (If not in hospitol, g		oddress)	d. STREET ADDRESS	te #2			e. IS RESID ON A F	FARM?
NAME OF DECEASED (Type or print)	Fii Is	aac	Middle	Lost Moore	4. DATE OF DEATH	Mor Febi	ruary	Doy Ye 20 19	960
.sex Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED DIVORCED	8-26-1889		9. AGE (In years last birthday) 70 yrs.		YEAR IF UNDER	24 HR Min.
Da. USUAL OCCUPATI	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot				S. A.	DUNTR'
3. FATHER'S NAME	saac Showe	11		14. MOTHER'S MAIDEN	NAME BE	ell West	84	5 1	
	ER IN U. S. ARMED FOR (If yes, give war or dates of	and and	SOCIAL SECURITY NO. 21-24-9569	NFORMANT Katie S	tevens	Add			
Conditions, if a gove rise to couse (a), stoting lying couse last.	immediate DUE TO	F	ardiovascular ar advanced l ulmonary empl	oilateral ca	vitar			(o) 19. WAS A	UTOPS
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Po	rt II of item 18.)		PERFOR YES [
	RY Month, Doy, Ye	ar 20d. If While at war	Not while fo	ACE OF INJURY (Home, far ictory, street, office bldg., e		y or town)	(Cou	unty)	(Stot
actual SIGNATURE	hat I attended the bruary 20	, 19_	ed from July 15 60 , and that death lace 1. 7. ans, M. D	n accurred at 5:15	ADDRESS (S	the causes are street, city or town, Marylar	nd on the o stote) 1 d	DATE	
REMOVAL (Specify		960	22c. NAME OF CEMETERY C		22d. LOCA	TION (City, town,	or county)	(State)	
3. FUNERAL DIRECTOR	R'S SIGNATURE	COLL	ADDRESS (24a. REC	FEB 2 4		STRAR'S SIGN		

The state of the s SARLTON STEEL STORY At the second of the beat to the fire the fair beauty to the Branch Webylines.

24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with 24 hours after death. Page 4 may be retained by the haspital or adding physician.

TO FUNERAL DIRECTOR: After this controlled has been signed by the attending physician and completely rilled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

01843

	302		Reg. D	ist. No.
PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where do 57A]E	deceased lived. If institution: Reside	nce before admission)
arrow	MAKTLAND	march	red Che	soll
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	ite c. LENGTH OF STAY IN 16	Dre. CITY OR TOWN (If outside	e corporate limits, write RURAL and	give nearest town)
Westmansly	30400.	Mystma	nest1- 22	211
d. NAME OF HOSPITAL (If not in hospital, give st	reet address)	d. STREET ADDRESS	and the same of th	e. IS RESIDENCE
Dans apa	muits	Con. main	I John Sto.	YES NO
NAME OF DECEASED (Type or print)	FOON VIII	. /	DATE Month	Day Year
00///	KITIKLI	11001101	74-1	R 1 YEAR IF UNDER 24 HRS.
m.1 1.1-	WARRIED NEVER MARRIED DIVORCED DIVORCED	March 141	9. AGE (In years lef UNDE) Months yrs.	Days Hours Min.
00. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or for	reign/country) 12. CI	TIZEN OF WHAT COUNTR
Stack Little	gun	Derwa		1.5.4.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1. 1	
Herral M	oll	(inn	a sella-	
S. WAS DECEASED EVER N U. S. ARMED FORCES? Yes. no. or unknown) Try yes, give war ar dutes of service)	16. SOCIAL SECURITY NO. 17.	INFORMANI	Address	1
	218-24 1958	in Kutham	alv. More l.	Votrustu
18. CAUSE OF DEATH [Enter only one couse p	er line for (o), (b), and (c).]	1.		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Carcino	malores		2 Mos
196. 1 DUE TO		,	. 10 (1)	
Conditions, if ony, which)	Carculon	a of mare	devel (st)	13Vr5
gove rise to immediate				1 2/1
twice cours last				
107	INS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMINAL	DISEASE CONDITION CIVEN IN BA	VASCALITORS VI TO
S I WANT IN CONTRACT CONSTITUTE	NS CONTRIBUTION TO DEATH BUT	NOT REDATED TO THE TERMINAL T	SISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port 1	or Port II of item 18.)	
	od. INJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, form, 20	of (City or town)	(Stote)
Hour o. m.	/hile Not while fa	ctory, street, office bldg., etc.)	A	(Sione)
21. I certify that attended the dec	eased from Oarlin	4 1048 to KA	12 196 O that 1	last saw the decease
alive on February	19 60 , and that death	7'20		
dive on	Z.Z., dila ibai deak		, fram the causes and on t RESS (Street, city or town, state)	The date stated above
ACTUAL SIGNATURE	1 Noko	acklu G	reed (t	2/17/
SIGNATURE		M.D. 0)/100:0		11/66
PHYSICIAN'S NAME (Type) U4 145 (hepko	Westm	inster Md	
20. BURIAL, CREMATION, 225 DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 22d	LOCATION (City, town, or county)	• (Stote)
BENOVAL (Specify)	of miadon!	Brush R	wal white	amote 7
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a, REC'D BY	REGISTRAR 24b. REGISTRAR'S SI	GNATURE
L- S. marla.	A- Weth		23 60 Eathur 2	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMONE, 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1851

CERTIFICATE OF DEATH

01844

Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY arroll Mary land b. COUNTY MARYLAND Carrol1 b. CITY OR TOWN (If outside corporate limits, write C TENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural. Westminster Rural. Westminster 30 Years d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE Westminster, Md. R-1 (Silver Run) Westminster, Md. R-1 (Silver Run) ON A FARMS YES NO NAME OF Middle 4. DATE Yeor DECEASED 2/5/60 Myers Harry Lerov (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 76 lost birthdoy) Days Hours Min Ma 1e White 12/5/1883 WIDOWED | DIVORCED | 12. CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
Retired Farmer U.S.A. Carroll Co., Md. Farm 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME Emaline Humbert Peter Myers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No. or a Mrs. Harry L. Myers, Westminster, Md. R-1 215-18-1783 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cosse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while 19 of work of work 1960 that I last saw the deceased 21. I certify that I attended the deceased from 7:20P and that death accurred at M, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Mt. Carmel Cemetery Littlestown, Adams Co., 2/8/60 PUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24h. REGISTRAR'S SIGNATURE Colling S. Frank DATEFEB 9 Littlestown. Pa.

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ottending physician ond con pleose remove carban pop within 72 haurs after death ottending Then pleose may be retained by the hospital at adming physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached far use as the burial-transit permit. removal, registrar prior to buriol, cremotion,

requires that the deoth certificate be executed wit

TO HOSPITAL OR ATTENDING PHY VS A15 (4) 15M 9/5B

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1. PLACE OF DEATH a. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Marvle	b. COUNTY	ion: Residence before admission) Carroll
	c. LENGTH OF STAY IN 16	1	outside corporate limits, write F	- 0, - 0 - 0 - 0
RURAL and give nearest town)				,
Woodbine	3 m6.	Mt. Airy	X	
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION Weitzel Nursing Hom		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) MERTIE	Middle	PENN Last	4. DATE MOI OF DEATHFORTURE	/
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
Female White WIDOWE		March 5, 18	80 79 yrs.	Manths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K	CIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	mestic	Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	IAME	
William H. Gosnell		Sarah D	uvall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO.	INFORMANT	Add	dress
(Yes, no, or unknown) (If yes, give wor or dates of service)	F	erris R. Pe	nn, Mt. Airy	y, Maryland
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	e for (0), (b), and (c).]	oflewig	eleteri	INTERVAL BETWEEN ONSET AND DEATH MOVE FRAM 2
Canditions, if ony, which gave rise to immediate couse (a), stoting the <u>under-lying couse last.</u> (b) DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	nal disease condition gi	VEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 1B.)	
ZOc. TIME OF INJURY Month, Doy, Year While at work	Not while fa	ACE OF INJURY (Home, form ctary, street, affice bldg., etc		(County) (Stot
21. I certify that I attended the decease alive an Jan 25, 19 (a			,	Phat I last saw the decease and an the date stated above, state) DATE SIGNI 2/24/6
PHYSICIAN'S W. B. Culwell	M.D.	900 So.	Main St., M	t. Airy, Md.
270. BURIAL, CREMATION, 27b. DATE THEREOF BURIAL (Specify) 2-26-1960	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, Carroll Co.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE
C. M. WALTZ., Winfiel	d, Maryland	DATE F	EB 29'60 Q	Lithur S. Track

0 10 where ar year, Mr. were, introduced A CONTRACT OF THE PROPERTY OF

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1. PLACE OF DEATH O. COUNTY Carroll MARYLAND D. CITY OR TOWN If outside corporate limits, write RURAL and give nearest fown) Sylkes ville Oyrs.llmos.6d.eys Cockeysville Oyrs.llmos.6d.eys On A FAR VES. None None Oyrs.llmos.6d.eys On A FAR VES. None Oyrs.llmos.6d.eys Oyrs.llmos.eys Oyrs.llmos.							
Carroll b. CITY OR TOWN f euride corporate limits, write RURAL oc. LENGTH OF STAY IN 1b c. CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) Sykesville d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) Springfield State Hospital None 3. NAME OF DECEASED (f) DECEASED (f) DECEASED (f) DECEASED (f) PORT (Type or print) Catherine B. Remmells A. DATE Month Day Year OF DECEASED (f) PORT S. SEX 6. COLOR OR RACE f MARRIED NEVER MARRIED f NEVER MARRIED f							
Sykesville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Springfield State Hospital None 3. NAME OF DECEASED (Type or print) Catherine B. Remmells Female Cotor or race Middle Lost A. DATE Month Doy Year None S. SEX 6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED No. BIRTH DOY Year None None Penale None Address 12. CITIZEN OF WHAT COUNTY Maryland 13. FATHER'S NAME Daniel Remmells Last A. DATE Month Doy Year None Penale None ON A FAR YES NO No							
Sykesville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) Springfield State Hospital None 3. NAME OF DECEASED (Type or print) Catherine B. Remmells Female C. COLOR OR RACE Widdle DEATH February Month Day Year Address P. AGE In year Jost birthdayl Month Day House Markied Divorced Divorced Divorced Divorced None 14. DATE Of DEATH February J. 19 60 S. SEX Female White Widdle Day Female Of Death February J. 19 60 S. DATE OF BIRTH Female P. AGE In year Jost birthdayl Months Days House Min. Months Days House Min. Months Days House Min. Maryland U.S. A. 12. CITIZEN OF WHAT COUN Maryland U.S. A. 13. FATHER'S NAME Daniel Remmells Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital None Springfield State Hospital None 3. NAME OF DECEASED (Type or print) Catherine B. Remmells Remmells February 3. 19 60 5. SEX 6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED DIVORCED NONE WIDOWED DIVORCED NEXTH FEBRUARY P. AGE In years life under 12 Months Days Hours Min. Whoth Doys Hours Min. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK Daniel Remmells 14. MOTHER'S MAIDEN NAME Emma Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address							
Springfield State Hospital None VES NO NAME OF DECEASED (Type or print) Catherine B. Remmells Remmells February 3, 19 60 S. SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED NO NO NO NO NO NO NO NO NO N							
(Type or print) Catherine B. Remmells February 3, 19 60 S. SEX Female White Widowed DIVORCED DIVORCED DIVORCED DIVORCED Thompson 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housework Taniel Remmells Remmells Remmells Remmells Remmells Remmells P. Age In year Funder 17 Married DIVORCED DIVORCE Maryland DIVORCED DIVORCED							
(Type or print) Catherine B. Remmells DEATH February 3, 19 60 5. SEX Female White Widowed Divorced Divorced Divorced Divorced Thompson 12. CITIZEN OF WHAT COUNTY HOUSEWORK 13. FATHER'S NAME Daniel Remmells Paniel Remmells Catherine B. Remmells Death February P. AGE In years If UNDER 124 If UNDER 24 If UND							
Female White WIDOWED DIVORCED XXXX 2-26-1901 XXX 58yrs. Months Days Hours Min. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSEWORK 13. FATHER'S NAME Daniel Remmells 14. MOTHER'S MAIDEN NAME Emma Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address							
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK Maryland U.S.A. 13. FATHER'S NAME Daniel Remmells Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. [17. INFORMANT] Address							
during most of working life, even if relired) Housework Maryland U.S.A. 13. FATHER'S NAME Daniel Remmells Emma Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. [17. INFORMANT] Address							
Housework - Maryland U.S.A. 13. FATHER'S NAME Daniel Remmells Emma Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO.] 17. INFORMANT Address							
Daniel Remmells Emma Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO.] 17. INFORMANT Address							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address							
No Springfield Hospital Records							
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary edema and bronchopneumonia ONSET AND DEATH Days							
260 × DUE 10							
Conditions, if ony, which) (b) Hyperglycemic coma Days							
gave rise to immediate cause							
(a), stating the underlying Due to Thrombophlebitis of the right ileac vein Days							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOF							
Epilepsy with mental deficiency. Fracture, neck of right femur. PERFORMED YES TO NO							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED. PERFORMED							
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Sto foctory, street, affice bldg., etc.) 1/26/1960 of work							
9:30 p.m. 1/26/1960 While Not while Hospital Sykesville Carroll Mo							
21. I certify that I taak charge af the remains described abave, held an Autapsy 🗵, Inspection 🔼, Inquiry 🖫, and find							
death resulted from: Natural causes K., Accident ., Suicide ., Homicide ., Undetermined cause .							
SIGNATURE James J March M.D. CHIEF MEDICAL EXAMINER (
ASSISTANT MEDICAL EXAMINER C							
EXAMINER'S James T. Marsh, M.D. DEPUTY MEDICAL EXAMINER Z/4/60							
220. BURIAL CREMATION, 122b. DATE THEREOF 122c. NAME OF CEMETERY OR CREMATORY 122d. LOCATION (City flown or county) (Stotal)							
Burial 2-6-1960 Poplar Grove Cemetery Cockeysville Md.							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
Brooks Funeral Service Towson 4. Md. DATE FEB 8 '60 and & House							

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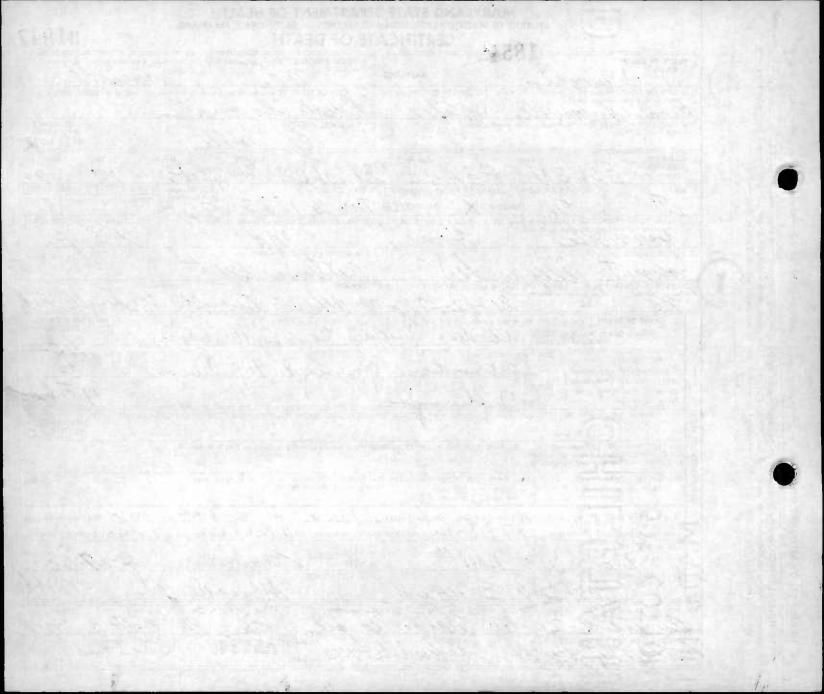
01847

	1854 GERMIGATE OF BEATT
	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
7	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and/give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS on A FAR YES \(\text{NOTION} \) d. STREET ADDRESS on A FAR YES \(\text{NOTION} \) on A FAR ON A FAR
	NAME OF DECEASED (Type or print) FLAEN PFACE REYNOLDS 4. DATE OF DEATH FILE 17 190
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Haurs A
100	to. USUAL OCCUPATION (Give kind of work done of the little
	John T. Allhandle Patherie Belt
	WAS DECEASED EVER IN 8. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war of dates of service) 2/7-/2-2776 Mr. Allaw II. Reproble - Cycyferaelle, 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (e)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Con deac Vailer, Coronery Personalises
	Conditions, if any, which gave rise to immediate (b) Cirlerior Clerain Generalized, Heperleusing to
7	Cause (a), stating the under. Due To
FICATION	PERFORME YES NO
CERT	OR CONTRIBUTING (I CAUSE OF DEATH) (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While at wark
	21. I certify that (I) (this hospital) attended the deceased from. 15 56 19 to 17 tell 19 60, that (I) (we) saw the deceased alive on 17 tell 19 60 and that death accurred at 11 MM, from the causes and on the date stated ab
	220. SIGNATURE ATTENDING MED. STAFF 22b. DA ATTENDING MED. DIRECTOR DIRECTO
	22c. PHYSICIAN'S NAME (Type) HOWARD E. HALK 22d. ADDRESS Agreently Ind 1776
	BO. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
24	ADDRESS SIGNATURE 256. RECTOR'S SIGNATURE 256. REGISTRAR'S SIGNAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATU

TO HOSPITAL OR ATTENDING PHYSCAN: The law requires that the deoth certificate be executed with a haurs after death. Page 4 may be retained by the haspital or ding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

01848

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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V	105 CERTIFICATE OF DEATH							
1	O. COUNTY CATALLA MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAK (If not in hospital, give street address)	c. CITY OR TÓWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE						
	OR INSTITUTION	ON A FARM? YES NO						
1	NAME OF DECEASED (Type or print) ROSIE First LEE RHA	EUBOTTOM A. DATE Month Gay Year 1960						
10	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Yrs.						
1	0a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP (Yes, no. or unknown) (If yes, give wor or doles of service)	Federald Dorsey - Systemile my.						
F	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Duly 20 20 20 20 20 20 20 20 20 20	interval Between Onset and Death U.S. Green						
	Canditions, if any, which) (b) files. He are	J. C. I.						
	gove rise to immediate couse (a), stating the under: lying cause last. (c) July fem	sin asteries clessis years.						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)						
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)						
		ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.) 20f. (City or town) (County) (State)						
	21. I certify that (1) (this hospital) attended the deceased fram saw the deceased alive an F. B. 1960, and that a	death accurred at PM, from the causes and an the date stated above.						
	220. SIGNATURE Paris Chr. Huncun	M.D. PHYS. DIRECTOR PHYS. 2/10/6/1						
	22c. PHYSICIAN'S NAME (Type) ANI OFUTMAN	SYKESVILLE, MD						
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF STREET, 23c. NAME OF CEMETERY OF STREET, 23c.	Pack (State)						
1	ALTERNAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS LISTED	LL THE DATE 260 PR REGISTRAR 256, REGISTRAR'S SIGNATURE 256, REGISTRAR'S SIGNATURE						
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	1	855	CERTIF	ICAT	E OF DEATH		MARKE	1137			
1. PLACE OF DEATH o. COUNTY Carro	11		MARYI	AND	2. USUAL RESIDENCE (W o. STATE Maryla		d lived. If institution b. COUNTY	on: Resider		re admissi	ion)
b. CITY OR TOWN RURAL and give of Sykesy		its, write	c. LENGTH OF STAY		e. CITY OR TOWN (IF			URAL and		arest town	1)
d. NAME OF HOSP OF INSTRUCTION Springi	ield State	Hosp:	oddress) ital		d. STREET ADDRESS 2140 Boyd	Stree	t				FARM?
3. NAME OF DECEASED (Type or print)	George		Middle E ,		Riley	4. DATE OF DEATH	Mon 2	th	Do	-7	Yeor 1960
s. sex Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		8-19-01		9. AGE (In years lost birthdoy) yrs.	Months Months	Doys	Hours	R 24 HRS Min.
10a. USUAL OCCUPATI during most of wo Labor	rking life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUST	RY 11. BIRTHPLACE (Stote West V				U.S	A.	OUNTRY
13. FATHER'S NAME Harma	n A, Riley				14. MOTHER'S MAIDEN		ran				
15. WAS DECEASED EV (Yes, no, or unknown) NO	ER IN U. S. ARMED FOR (If yes, give war or dates of s		social security no. unkn		ormant Hospital Rec	ords	Add	ress			
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	Ar			nypertensive	heart	disease		ON!	ERVAL BE SET AND YEARS	DEATH
Conditions, if gave rise to cause (a), stating lying couse last	the under-										
PSYCHOS PSYCHOS 20d. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	HER SIGNIFICANT CON	ONIC	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PAI	tT 1(o) 1	PERFO YES	
	YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED.	(Enter noture of injury in	Port I or Po	rt It of item 18.)				
ZOc. TIME OF INJU Hour o. m. p. m.	10	While			CE OF INJURY (Home, farm ory, street, office bldg., etc		y or town)	(County)		(Stote
		. •			10 <u>-20-</u> 19 ath accurred a 2: 1	-					
224 SIGNIATURE	/	/									L DATE

Trespar

ATTENDING M.D. 22d. ADDRESS STAFF PHYS. DI

22c. PHYSICIAN'S NAME (Type)

Edmund Lusthaus M.D.

23b. DATE THEREOF

Springfield State Hospital, Sykesville, Md 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) M CL

24. FUNERAL DIRECTOR'S SIGNATURE

BURIAL CREMATION.

REMOVAL (Specify)

ADDRESS

250. REC'D BY REGISTRAR arthur & Kraya

25b. REGISTRAR'S SIGNATURE

VR A1S (4) 1SM 9/59

TO HOSPITAL OR ATTENDING PHY

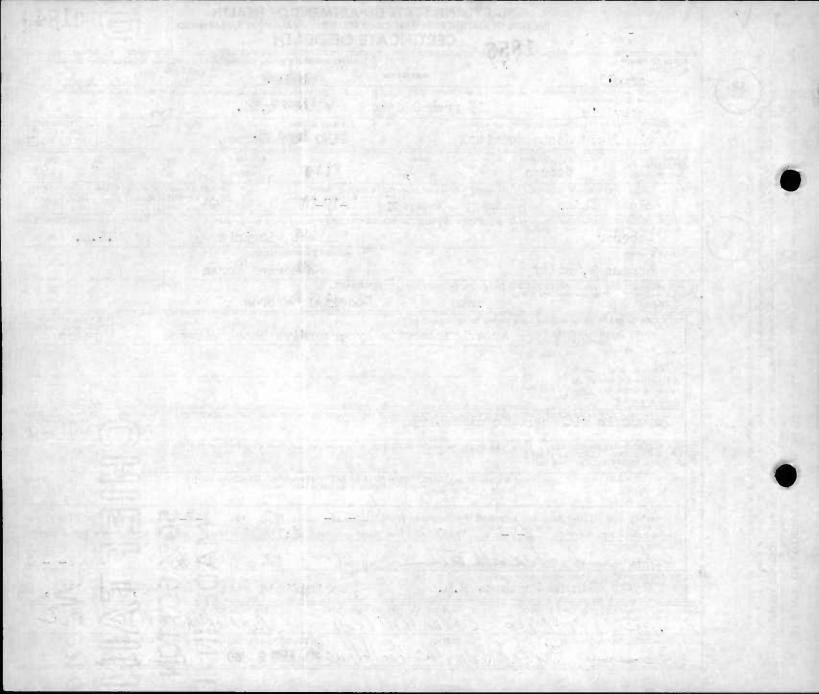
I haurs after death. Page 4

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may be revained by the haspital at a varificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be did with the State Board of Health prior to burial, crematian, ar remaval, and in any event within 72-hands after death.

IN: The law requires that the death certificate be executed wil



01850

1	_	4.4.	Keg, Dist. No.
)		PLACE OF DEATH 1857	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE b. COUNTY
/		CARROLL MARYLAND	MARYLAND CARROLL
	t	c. LENGTH OF STAY IN 1b ond give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		NEW WINDSOR VEARS	XNEW WINDSOR
,	•	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
		MAIN ST	MAIN ST. YES NO D
	-	NAME OF DECEASED (Type or print) PRESTON BALLE	ROOP JEATH FER. 9 1960
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18.	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
	1	MALE WHITE WIDOWED DIVORCED :	20 FEB. 1886 73 yrs. Months Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
1		during most of working life, even if retired)	MARVIAND
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	_	JOHN H. ROOP	ANNIE DEVILBISS
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN. no. or unknown) [(If yes, give war or dotes of service)]	FORMANT Address MA
		No No 219-14-9130 N	IRSNETTIE B. PROP. NEW WINDSO
		18. CAUSE OF DEATH [Enter only one cause per ling for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Occlusion min.
		420.1 DUE TO	
		Conditions, if any, which) (b)	
		gave rise to Immediate cause	
		(c), stating the underlying DUE TO	
	Z		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	ATIC		PERFORMED?
	TIFIC	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (E.	nler noture of injury in Port I or Part II of item 18.)
	CERTIFICATION	CAUSE OF DEATH.	
	3	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 120f. (City or town) (County) (Stale)
	MEDICAL	Hour o. m. p. m. 19 of work of work	rry, street, affice bldg., etc.)
	4	21. I certify that I took charge of the remains described above	ve, held an Autopsy , Inspection , Inquiry and find that
			cide , Homicide , Undetermined cause .
			, Homesoc E, Gradistrianos costo E.
		ACTUAL LEWELD I March	CHIEF MEDICAL EXAMINER C
	11	SIGNATURE	ASSISTANT MEDICAL EXAMINER
2		NAME (Typ) SAMES 1. MARSH	DEPUTY MEDICAL EXAMINER 2/9/60
	220	BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Store)
	F	REMOVAL (Specify) 12FEB 1960 PIPE CIRE	EK CEM CARRUL COUNTY MA
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	X	Internation NEW WINNER	17. Mr DATE FEB 1 2 '60 arthur S. Krous

s certificate should be executed within 24 hours ofter deoth. If delay is necessory, please exemple and in place in the most second in the most second in the most second in the most second with form PM3. Page 5 may be retained for your files. be used as a buriot-transit permit. File pages 1 and 2 with the registror prior to buriot, cremation, cute the certificate, writing the forworded to the Chief Medical TO FUNERAL DIRECTOR: Page 3 should TO DEPUTY MEDICAL EXAMINER

delay is necessory, please exercial director. Page 4 should be

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VS. A15ME(5) 5M 9/55

or removol.

MEDICAL EXCENDINES SECURICATE OF DEATH

M

VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1858 CERTIFICATE OF DEATH

(1185)		()	1	8	5	1
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1 1-												
1	a. COUNTY Cal	roll			MARYLAND	2. USUAL RESIDENCE (Va. STATE	where decease	d lived. If instituti b. COUNTY	-	e before		on)
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limit	ts, write	c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (I	f outside corpo	prote limits, write R	URAL and g	ive near	rest town)
	Sykesvil	Le			Jidays	LeGor	е	10	X - 0	2		
1	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street	address)		d. STREET ADDRESS					IS RESI	FARM?
	Springfie	eld State H	lospi	tal		None					YES 🗌	NO-
1	3. NAME OF DECEASED	Fire			Middle	Lost	4. DATE OF	Mor	ith	Day		(ear
	(Type or print)	ARIO	Sila	S	Clayton	Schildt	DEATH	Febr	uary	8,		950
1	S. SEX	6. COLOR OR RACE	7. MARR	EIED NEV	ER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months	Days	Hours	R 24 HRS. Min.
	Male	White	WIDOWE	Cin.	DIVORCED 💢	May 31, 187		81 yrs.				
1	Oa. USUAL OCCUPATIO during most of work	N (Give kind of work of ing life, even if retired)				STRY 11. BIRTHPLACE (Sto	ote ar fareign o	country)	12. CITI2	ZENOF	WHATC	OUNTRY?
-	Laborer			Lime	Pla-nt	Marylan				U.S.	Α.	
V	3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
/		David W.				xxxxxx	exex E	lizabet		103		
1	(Yes, no, or unknown)	R IN U. S. ARMED FOR	ervice)			NFORMANT		Add	ress			
	No	-	2	13-10)-5115 S	pringfield H	ospita	l Records				
		TH [Enter only one ca	use per lir	ne for (o), (t	o), ond (c).]					INTE	RVAL BET	DEATH
1	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	Gan	grene	of right	foot					Contr	
	334X	DUE TO										
	Conditions, if ar		Per	iphera	al arteri	osclerosis				Y	ears	5
	gove rise to it											
	lying couse lost.) (c	Gene	eraliz	ed arter	iosclerosis.				Y	ears	3
	C.B.S.ass	er significant con soc with ce Looholism	rebra	al art	ng to DEATH BUT Serioscle	NOT RELATED TO THE TER	sychot:	ic reacti	On,	1(a) 15	PERFO	RMED?
			20b. DES	CRIBE HOW	INJURY OCCURRE	D. (Enter nature of injury	in Part I ar Pa	rt II of item 18.)				
	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yeo	20d. It While at war	NJURY OCC	hile fa	ACE OF INJURY (Hame, fo ctory, street, office bldg.,	arm, 20f. (Cit etc.)	y or tawn)	(0	County)		(State)
	21. I certify tha	t (I) (this haspital) attend	led the d	eceased fram.			February				
		ed alive an Feb	ruary	<u>V 819 6</u>	O, and that	death accurred a P.P.	M.M. fram	the causes ar	nd on the	date	stated	abave.
	22a. SIGNATURE	L. 0.0	0	/	9	ATTENDING	MED	STAFF			22b	SIGNED
	Monst	m del	Ca	mis	4	M.D. PHYS.	DIRECTOR [PHYS.			2/	9/60
	22c. PHI SICIAN'S MAME (Type)	Agustin del	Campo	o, M.I).	22d. ADDRESS Springfi	eld Hos	spital, S	vkesv	ille	16	1
1	23a. BURIAL, CREMATIO	N, 23b. DATE THEREC	F		E OF CEMETERY C		1	TION (City, tawn,			(State	-
1	Burial	2-11-	60			Brethern C	om. Ro	ocky Ric	ge,	Fee	d. (co.
	24. FUNERAL DIRECTOR	SSIGNATURE		ADDR			FEB 1 2		STRAR'S SIC	SNATUR	E	
4	aymon	a cour	gu	Thu	urmont,	Md • DATE	120 12	'60	17 8	. the	MA	-
-			_									

that's eminthirde . white days secol it deal to see 0115-01-013

Paretall is a 12-12-50 Church of Breshore Com. Hooks diago, Fred. Sc.

.bM .onomoneT Md.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)

Maryland

Riverdale

b. COUNTY

01852

Prince Georges

16x-2

Or	SIMIISHOME KESEMKOH	MIAD	KECOKDS	- DAL
	CERTIFIC	ATE	OF D	EATH

MARYLAND

c. LENGTH OF STAY IN 16

27vrs.26days

(M)
5	15

1. PLACE OF DEATH

Carroll

RURAL ond give nearest town)
Sykesville

b. CITY OR TOWN (If autside carporate limits, write

TO HOSPITAL OR ATTENDING PHYS/CAN: The law requires that the death certificate be executed with thours after death. Page 4 may be retained by the haspital are fiding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, the filled with

VR A15 15M 9/5

515		OR INSTITUTION	ITAL (If not in hospital, g I Pld State Ho				d. STREET	ADDRESS	n ve.					FARM?
	3. N	AME OF DECEASED Type ar print)	Conrad	st	Mid Drew	ile	Shai	ıst	4. DATE OF DEATH	Febru		7	,	Year 19 60
	5. SI	Nale	6. COLOR OR RACE White	7. MAR		CED	B. DATE OF BIRT	ТН	2	9. AGE (In years lost birthdoy) 5 yrs.	IF UNDE Manths	R 1 YEAR Days	Haurs	Min.
	10a.	USUAL OCCUPAT during most of wo	ION (Give kind of work of kind of work of irking life, even if retired)	one 10b	KIND OF BUSINESS	OR INDL		PLACE (Stote o	ar fareign co	ountry)	12. CI	U.S	A.	OUNTRY
	13. 1	FATHER'S NAME Frankli	n Shafer				14. MOTHER'	S MAIDEN N						
2		WAS DECEASED EV	'ER IN U. S. ARMED FOR (If yes, give war or dates of so		None		MFORMANT Springfie	eld Hos	spi tal	Records				
			EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	4	line for (a), (b), and Acute myoc	(c).]		1,230				ON	ERVAL BE SET AND	
		Canditians, if gave rise to cause (a), stating lying cause last	immediate DUE TO		Coronary a Pulmonary	145		sis					Year:	
2	IFICATION	PART II. O Dementia 20g. ACCIDENT V	THER SIGNIFICANT CON PROCES VAS UNDERLYING I	DITIONS		DEATH BU	T NOT RELATED T				VEN IN PA		9. WAS PERF	
	MEDICAL CERTI	OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU Hour o. m p. m	. 10	While	INJURY OCCURRED Not while ork ot work	20e. P	LACE OF INJURY octory, street, affic	(Home, form, ce bldg., etc.	20f. (City	or town)		(Caunty)		(State
			nat (I) (this haspital assed alive an 2/		ded the decease 1960, a			ed ailO:I					stated	
1		22c. PHYSICIAN'S NAME (Type)	Edmund Lu	stha	us, M.D.		Spri		ld Hos	pital, S	ykest	rill	e, l'o	1.
3		REMOVAL (Specif Burial	2- 11-19	960	ADDRESS	vet	Gemetery	25a. REC'E	Fre		Mary.	land	(Sto	le)
3	∀.	Jacey	s Funera	C H	Fred	eric	c- Mi.	DATE	8 1 5 76	60 C	ina s	. Kun	A	

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01853

		000			Keg.	DIST. NO.	
1. PLACE OF DEATH o. COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE (M. o. STATE Mary			idence befo	re admission)
b. CITY OR TOWN I	Mester # /	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		e limits, write RURAL o	nd give ne	drest tawn)
d. NAME OF HOSPIT	TAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Carroll	Middle David	Shaffer	4. DATE OF DEATH	Month February	Doy 11	Year 1966
s. sex Male	6. COLOR OR RACE 7. MARRIE WIDOWEE	DIVORCED	November 2	7,1896 %	of birthday yrs. Manths		F UNDER 24 HRS Hours Min.
Hackster	ON (Give kind af wark done 10b. King life, even if retired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote Maryls		y) 12. CI	U.S	WHAT COUNTRY
13. FATHER'S NAME	the Short	fer	14. MOTHER'S MAIDEN N	Lea	ler	1	
15. WAS DECEASED EV	VER IN U. S. ARMED FORCES? 16.	19-12-0588 9	to arrie (a. Sh	Her you	ches	Es hit
	IMMEDIATE CAUSE (a)	for (0), (b), and (c).] t Gun Blast of	Head		10 /	OMSET	AL BETWEEN AND DEATH
Conditions, if o gave rise to imme (o), stoling the cause lost.	diate cause						
PART II. OJ	HER SIGNIFICANT CONDITIONS CO nxiety-Depression	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIVEN IN PA		WAS AUTOPSY PERFORMED?
20g. EXTERNAL CAL PRIMARY TO OF CO. CAUSE OF DEATH.	USE WAS DESCRIBE 12 Gue	HOW INJURY OCCURRED. (E	nter nature of injury in Port n mouth. Pull	l or Part II of its Led trig	ger.		
20c. TIME OF INJU	11000	NJURY OCCURRED 20e. PLAC factors at wark HOI	ery, street, office bldg., etc.)	20f. (City or to Manch		ounty)	(Stote)
	not I took charge of the r I from: Notural causes		12_	, Undet	ection \(\bigcelle{\text{N}} \) Inquerined couse \(\bigcelle{\text{Couse}} \)].	and find tho
EXAMINER'S MAME (Type) M.	C.Porterfield, M.	1	A	7.5		2/1	1/60
220. BURIAL, CREMATIC REMOVAL (Specify)	2/13/60	Pau Chille	CREMATORY CLY	Man Oh	City fown, or founty	Cars	(Slote) C
23. FUNERAL DIRECTOR	ride Buckl	A Haren Ch	DATEEB	0	24b. REGISTRAR'S S		

HEATE OF DEATH				
		10 married		
	1130	κ ,	entre yet of year of constant of the property streets	DESIGNATION OF THE
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			THE RESERVE	
TO SELECT THE PROPERTY OF THE PARTY OF THE P				

dedin. II	d 3 to the stal director. Page 4 should t	retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar ta burial, cremation		
THE KA HOOLS OFIELD	ve Pages 1, 2, an	Page 5 may be	File pages 1 and		
DE CYCLOIGO WILL	il in Item 18. Gi	with form PM3.	Il-transit permit.		
חברים שורים ביים	ending" in penc	r's Office along	used as a buria		
Chillian Co	ing the y	Medical minine	Page 3 should be		
24 4 D C C C C C C C C C C C C C C C C C	cute the certificate, writi	farwarded to the Chief I	D FUNERAL DIRECTOR: F	ar remaval.	
S	. A	15/	ME(5)	

	Reg. Dist. No.
1. PLACE OF DEATH 1861	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
Carroll MARYLAND	o. STATMaryland b. COUNTY Carroll
b. CITY OR TOWN (If outside corporale limits, write RURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Westminster RURAL 2 vrs.	Westminster RURAL
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE
Route # 140	R.D.#2
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
(Type or print)EDGAR (EDWARD) SUTHA	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [] 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED .	June 18, 1916 43 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Laborer	Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elisah Suthard	Estell Heflin
(Yes, no. or unknown) I lif yes give way or dates of service)	NFORMANT Address
	ura Smith Suthard, Westminster, MdD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETTERN ONSET AND OBATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FRACTURE	= of skull
816x DUETO	
Canditions, if any, which) (b)	HE SUSTINE HE NEW YORK NO.
gove rise to immediate cause (a), stating the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
QV	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN CONTRIBUTIONS CONTRIBUTING TO DEATH BUT IN CONTRIBUTIONS CONT	Enter nature of injury in Part I or Part II of item 18.)
	endeut - collision
	CE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) arrest, affice bldg., etc.)
6 Heyro orm. 2 - 8 1960 White of work of Work	-140- Washingster Carrelle The
21. I certify that I took charge of the remains described abo	ove, held on Autopsy , Inspection , Inquiry , and find the
death resulted from: Notural couses , Accident Su	icide , Homicide , Undetermined cause .
1 50 5	to the state of th
SIGNATURE PAULES J. Minel	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	ASSISTANT MEDICAL EXAMINER (
EXAMINÉR'S AMES MARSH	DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial Feb. 11,1960 Prospect Hi	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
C.M. Waltz, Winfield, Maryland	FEB 1.1 '60 arilus S. France

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Time		THE DAY OF SHEET AND SHEET	
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BACOM PROPERTY OF STATE OF STA	4 4 4		
		ALONG THE RESIDENCE OF A CHARLES OF STREET STREET	
		the companies he was the step of the little will be and the	
The second secon			

rmit. Then please remave carban pagany event within 72 hours after death

and

may be retained by the haspital or anding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 shauld be detached for use as the burial-transit permit. Theregistrar prior to burial

VS A15 (4) 15M 9/58

requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1869

CERTIFICATE OF DEATH

01855

Reg. Dist. No.

1.	PLACE OF DEATH	arroll		MARYLA		o. STATE Mal	ryland	deceased live	b. COUNTY				on)
	b. CITY OR TOWN RURAL ond give r Svkesvi		ts, write	c. LENGTH OF STAY IN 2 Months	1b	Glynde		de corporote		URAL ond	1	crest town)
	d. NAME OF HOSPI OR INSTITUTION Grand Vi	TAL (If not in hospitol, g	ive street Home	address)		d. STREET ADDI		Ave.				e. IS RESI ON A YES	FARM?
3.	NAME OF DECEASED (Type or print)	Clara	st	Middle	Ta	aylor	4.	DATE OF DEATH F	ebruar	7,1	960	,	eor
5.	SEX Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED ED DIVORCED	0	ct.3, 187	3	97	GE (In yeors t birthdoy) 86 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	R 24 HRS Min.
10	o. USUAL OCCUPATI during most of wor Housew	rking life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	Maryl:	•	foreign count	(אר		U.S.	F WHAT C	OUNTRY?
13	. father's name Unk	nown				Unknot		4E					
	. WAS DECEASED EV es, no, or unknown) No	ER IN U. S. ARMED FOR (If yes, give wor or doles of s	- lesium	social security no.	Geo	Kent Be	llows	,119 C	entral	Ave.	Glyr	ndon,	Md.
CATION	Conditions, if a gove rise to couse (a), stoting lying couse lost.	the <u>under-</u> DUE TO)	yester	L BUT NO	OT RELATED TO TH	E TERMINA	L DISEASE CO	DINDITION GIV	EN IN PA	RT 1(0)	19. WAS A PERFOI	AUTOPSY RMED?
CERTIFICAT	20- ACCIDENT	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter noture of in	jury in Port	l or Port II o	of item 1B.)				но 📑
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yes	While			OF INJURY (Hon y, street, office bl		20f. (City or	town)	/	(County)		(Stote)
	21. I certify to alive an actual signature Physician's NAME (Type)	nus G	decease	ged fram, and that de	eath ac	courred at 6		from the	causes an				
22	o. BURIAL, CREMATIC REMOVAL (Specify Burial	Feb.9,19		22c. NAME OF CEMETE Druid Ridge		REMATORY	22.		ville,			(Stote	,,,,
23	J.F.Eline	& Sons, Rei	ster	ADDRESS stown, Md.			a. REC'D B	Y REGISTRAR		STRAR'S S			

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	. 186	CERTIFICA	IL OI DEATH				
1. PLACE OF DEATH o. COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE (WI		COLLAR WAY	sidence before adm	nission)
b. CITY OR TOWN RURAL and give of Sykest		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF avs Port I	outside corporate limi Denosit	ts, write RURAL	ond give nearest to	own)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stro	eet address)	d. STREET ADDRESS None	ороздо		ON	RESIDENC N A FARM
3. NAME OF DECEASED	field State Ho	Middle Middle	Lost	4. DATE OF DEATH	Month	Day	Yeor
(Type or print)	Robert 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE lost l	birthdoy) Mon	NDER TYEAR IF UN	
Male	WILLOC	OWED DIVORCED DIVORDIVORDE DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIV	1931 STRY 11. BIRTHPLACE (Stote		28 yrs.	2. CITIZEN OF WHA	
None	ixing me, even in temedy	-	Maryland			U.S.A.	
	. Taylor		Unknown	NAME.			
S. WAS DECEASED EV (Yes, no, or unknown) No	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NFORMANT Springfield Ho	ospital Re	Address		
Conditions, if gove rise to couse (o), stoting lying couse lost PART II. SI C. B. S	the under-	ys contributing to death but the dirth trauma	NOT RELATED TO THE TERM With psychot	INAL DISEASE COND LC TEACTIC	IITION GIVEN IN	N PART 1(o) 19. W/PEF YES	AS AUTOPREORMED
20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Year 20		D. (Enter noture of injury in ACE OF INJURY (Home, for actory, street, office bldg., etc.)	m, 20f. (City or town		(County)	{Sto
Hour o. m. p. m. 21. I certify th saw the decect 220. SIGNATURE // 22c. PHYSICIAN'S NAME (Type)	at (I) (this haspital) atte	ended the deceased framery 189 60, and that a	death accurred at 1: M.D. ATTENDING DEPTYS. DEPTYS. DEPTYS. DEPTYS. DEPTYS.	66 to Febru	auses and an	2/	22b. DATI
23a. BURIAL CREMATI REMOVALS (Specify 24, FUNERAL DIRECTO	2-12-6	230 NAME OF CEMETERY OF ADDRESS	and purpose	23d. LOCATION (C	ity, town, or cou	re hed	State)
Frank &	of Newall	Debres.		FEB 2 9 '60		un S. Kraua	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) b. COUNTY Carroll e. COUNTY and 3 to the funeral director. Page may be retained for your files. Health is necessary, MARYLAND Marvland Carroll c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town for your 2 vrs. Mt. Airv Mt. Airv Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS may be retained 2 with the State E home - Mt. Airy death NAME OF 4. DATE Middle Month DECEASED OF M. (Type or print) THOMAS JAMES DEATH February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR deat last birthdey) Months 72 hours DIVORCED WIDOWED [March 17. Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Page is 1 and 18. Give Pages 1, 7 h form PM3. Page done during most of working life, even if retirad U.S.A.F Baltimore Co. Md. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Witherspoon Justa George C. Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Yes, no, or unkown) (Ifyasgivewarordelesofaetyica) Mt. Airv. Md. 214-36-0389 George C. Thomas, with in pencil in Item certificate should be executed 18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c), r's Office along w s a burial-transit p PART I, DEATH WAS CAUSED BY: Carbon monoxide poisoning IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which "pending" geve rise to immediate cause DUF TO (a), stating the underlying Examiner causa last. pe nseq cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION the word Medical plnods 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of Injury in Part I or Part II of item 1B.) CAUSE OF DEATH. Asphyxiated while working on car in closed garage or | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) writing to Chief I Page 3 s 20c. TIME OF INJURY Month, Dev. Yeer Page factory, street, office bldg., etc.) While Not While DEPUTY MEDICAL EXAM at work at work Mt. Airv. Md. prior Garage lease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry . death resulted from: Natural causes Accident X Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S plnous Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial 24-60 Pine Grove Cemetery Mt. Airy, 0 40 6 Feb. Carroll Δ, 23. FUNERAL DIRECTOR **ADDRESS** 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME FEB 25'60 arthur S. Krans WINFIELD, MARYLAND C. M. WALTZ. 5M 7/59 DATE

e. IS RESIDENCE ON A FARM?

YES NOA

1960

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO X

(Stata)

and in my opinion

DATE SIGNED

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2/22/60

U.S.A.

Dave

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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irector, ed with	NI I		PLACE OF DEATH	9		
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A naurs arter death. rage and in by the funeral director 1 and 2 shauld be filed with		t	Sykesville	autside carporati arest tawn)	e limits, w	rrite
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I the death certificate be existed and the attending physician and Then please remave carban and in any event, within 72 h		1S. (Yes	WAS DECEASED EVER			1
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PMT: AN: The law requires that the death certificate be executed with a mining physician. This certificate has been signed by the attending physician and complete in use as the burial-transit permit. Then please remave carban papers. It is burial, crematian, ar remaval, and in any event, within 72 haurs after the burial.		CERTIFICATIO	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DE	ATH	. DESCI
E S .			20c. TIME OF INJURY	Manth, Day	, Year	20d. IN.
use to b		MEDICAL	Haur a.m. p.m.			While at wark
ospi ospi ospi ospi ospi ospi		~	21. I certify that		pital) a	
A: A - A			saw the decease	ed alive an	Feb.	-49
ok Allen ined by the DIRECTOR: old be detacted and of Healt			22a. SIGNATURE	1	, 0	f,
REC IREC be d of	1		22c. PHYSICIAN'S	luceo	1-	~ 1
MOSPITAL OR may be retained FUNERAL DIRE page 3 shauld be the State Board a			NAME (Type)	Edmund	Lus	thau
HOSPITA ay be retr FUNERAL age 3 share		23a	BURIAL, CREMATION	N, 23b. DATE TH	HEREOF	
may b FUN Page the Ste			BURIAL	2-20	5-60	0
5 5 0 ±	1	24	EUNERAL DIRECTOR'S	SIGNATURE	10	
/R A15 (4)		1	10 50 61		1. 3	7/17

1004				
PLACE OF DEATH			e deceased lived. If institution:	Residence befare admission)
o. COUNTY Carroll	MARYLAND	o. STATE Maryla	nd b. COUNTY	Balto.City
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If aut	side carporate limits, write RUR	AL and give nearest town)
RURAL and give nearest tawn) Sykesville	3mos.2days	850 W. 37	th Street	3101.4
d. NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Springfield State Hospit	al	Baltimore	11. Md.	YES NO
NAME OF First	Middle		4. DATE Month	Day Year
(Type or print) Maude E	arroll Compton	n Towson	OF DEATH Febru	ary 23, 1960
SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWE	ED DIVORCED	August 9, 188	7 72 yrs.	Manths Days Haurs Min.
b. USUAL OCCUPATION (Give kind of wark dane 10b. during most of warking life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF WHAT COUNTRY?
Nurses Aide		Maryland		U.S.A.
. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
John Compton		Catherine	Carroll	
	SOCIAL SECURITY NO. 17, IN	IFORMANT	Address	s
(If yes, give wor or dates of service)	17-20-6772 S1	pringfield Hos	pital Records	
1B. CAUSE OF DEATH [Enter only one cause per lin	ne far (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	non oh onnoumeni			ONSET AND DEATH
1491 X DUE TO	ronchopneumonia	-		Days
Conditions if any which				
gave rise to immediate				
cause (a), stating the <u>under-</u>				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
C.B.S.assoc.with cerebra	l arterioscler	osis with psyc	hotic reaction	PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Pa	rt I ar Part II af item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Manth, Day, Year 20d. It	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, farm,	20f. (City ar tawn)	(Caunty) (State)
Haur a.m. While at war	IAOI MUITE	tary, street, affice bldg., etc.)		
21. 1 certify that (I) (this haspital) attend		November 21-5	9 February 2	3., 60
T - 10 00				
saw the deceased alive an FEU. 22a. SIGNATURE	and that d	leath accurred at () A	A)-From the causes and	an the date stated above.
La Marie I	Wellean	M.D. PHYS. MED DIRE	STAFF PHYS.	2/23/60 SIGNED
22c. PHYSICIAN'S		M.D. PHYS. E DIRE 22d. ADDRESS	CTOR PHYS.	2/23/00
NAME (Type) Edmund Lustha	us, M.D.	Springfiel	d Hospital, Sy	kesville, Md.
30. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OF	D CDEMATORY 2	23d. LOCATION (City, town, or	sevetal (Ct-t-1
SEMOVAL (Specify)	25C. NAME OF CEMETERY OF	A CREMATORT	BALTO, C	
LEUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 PEC'D		RAR'S SIGNATURE
2.00 lle MA 212	119		0 0 1 100	hun S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	2. (() ()	CERTIF	CAIL	OI DE						
1. PLACE OF DEATH D. COUNTY Carroll	•		MARY		usual RESIDI a. STATE Maryl:		ere deceased	lived. If institution b. COUNTY	Baltin		ission)
RURAL and give I		its, write	c. LENGTH OF STAY				utside carpor	rate limits, write RU			wn)
Sykesvil	.10 ITAL (If not in hospitol, g	nive street	30yr.6mo.8d	ays	Balti			2 V	01-4	-	RESIDENCE
OR INSTITUTION	eld State H				3103 M		Aven	ue		ON	A FARM?
3. NAME OF DECEASED	Fir	rst	Middle		Last		4. DATE OF	Mani	th	Day	Yeor
(Type ar print)	Ja	mes	T.		Tuoh	У	DEATH	February		9	19 60
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	D 🔀 8. D	ATE OF BIRTH		30.75	9. AGE (In years lost birthdoy)	Months Do	YEAR IF UN	
Male	White	WIDOW		- +.01	rember			52 yrs.			
10a. USUAL OCCUPAT during mast af wa	ION (Give kind of wark rking life, even if retired	dane 10b.	. KIND OF BUSINESS O	R INDUSTRY	-			imore		OF WHA	r countr
13. FATHER'S NAME	,00			1.	. MOTHER'S			Timor	0.0	9.53.9	
James Tu	ohy				Anni	e Sul	llivan				
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17, INFOR	MANT			Addr	ess		
No No	(If yes, give wor or dates of s	service)	None	Spr	ingfie	ld Ho	spita	l records	3		
Conditions, if gave rise to cause (o), stoting lying couse lost	ony, which timmediate g the under- CONTROL CON	D)		ATH BUT NO	T RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GIV	sis	ONSET AN Yea	rs.
	Psychosis wi VAS UNDERLYING D G D CAUSE OF DEATH Y MEDICAL EXAMINER)		onstitution							YES	NO [
	JRY Month, Doy, Ye	ar 20d. While		20e. PLACE foctory	OF INJURY (H , street, office	ame, farm bldg., etc.	, 20f. (City	or tawn)	(Cau	nty)	(Stat
21. I certify the saw the deceded 22a. SIGNATURE	at (I) (this haspita	l) atten brua	ded the deceased ry 8,960, and	fram Ju	nly 31 h accurred			February the causes an		date state	
22c. PHYSICIAN'S	hin all (m	po	M.D.	ATTENDING PHYS. 22d. ADDRES		ED. RECTOR	STAFF PHYS.		2/	9/60
NAME (Type)	Agustin del	Cam	po	MACA - AMERICA - A	Spr	ingf	ield H	ospital,	Sykes	ville	, Md.
23a. BURIAL, CREMATI REMOVAL (Specif BUR 181	ON. 23b. DATE THEREO		New Cat					TION (City, town, o		(S	itate)
20HEF108510 3331 Bre	E SIGNALIMU: hms Lane	nek	Funderal H	ome			D BY REGIST		STRAR'S SIGN		

may be revained by the haspital or adding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. 4 hours after death. Page 4 M 515 72 hours after death. AN: The law requires that the death certificate be executed will and in any events page 3 shauld be detached for use as the burial-transit permit. The State Board of Health priar ta burial, crematian, ar remayal, TO HOSPITAL OR ATTENDING PHY

VR A1S (4) 15M 9/59

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25b. REGISTRAR'S SIGNATURE

Orthur S. Krous

25g. REC'D BY REGISTRAR

DAPER 1 8 '60

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icate be executed with 4 haurs after death. Page 4	al director,	exe carbon papers. Pages 1 and 2 shauld be fired with	-	別人
s after dea	y the funer	2 shauld b	-	_
4 haur	filled in b	iges I and	eath.	
ecuted with	rsician and campletely filled in by the funeral director.	papers. Pa	aurs after d	
icate be ex	ysician and	we carban	within 72 h	()

SPINGTIVITION Springfield State Hospitel A315 Harford Road							
Carroll Car	1				a STATE		n: Residence before admission)
B. CHY OR TOWN (if outside corporate limits, write RURAL and give necessit way) Sykesyille MANGOR HOSPITAL (if not in hospital, give sirrest address) Springfield State Hospital 1. AMECOR Springfield State Hospital S. EX S. COLOR OR RACE Market Monoth Market Magner S. EX S. COLOR OR RACE Monoth Springfield State Hospital S. DATE OF BIRTH Magner S. DATE OF BIRTH S. SEX S. COLOR OR RACE Monoth Day Mo				MARYLAN		Balt	imore City
Sykesyille d. NAME OF HOSPITAL (If not in hospital, give siteed address) d. NAME OF HOSPITAL (If not in hospital, give siteed address) Springfield State Hospital 3. NAME OF HOSPITAL (If not in hospital) 3. NAME OF OFECASED (If year print) Magner S. SEX 6. COLOR OR RACE (7. NARRIED) INVERTIGATION (Give kind of vorth dane) MORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED April 19, 1883 PARIL DOTAL (We wait Freitred) NON Maryland 12. CHIZEN OF WHATCOL (Me wait dane) INVERTIGATION (Me wait dane) INVERTIGATION (Me wait dane) NON 13. ATHER'S NAME Henry Herman Wagner 15. WAS DECEASED EVER IN U. S. ARWED FORCES? (I. SOCIAL SECURITY NO. 17. INFORMANT NON 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DOTAL SIGNAL (AUSE) PART I. DOTALE SIGNAL (CAUSE) HE OF WAS ARRIED (G) ATTERIOSCIETOTIC HEATT disease Wears 20. CACIOSM WAS UNDERLYING (G) ATTERIOSCIETOTIC HEATT disease Was A Bascociated with cerebral arteriosclerosis (G) Bronchopneumonia The Cause of the Wall of the Cause (G) Atterior Conditions Contributions Contributions To Data But NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (G) Bronchopneumonia The Cause of the Cause of the Cause of the Cause of The Port II of Item 18.) 20. ACCIONN WAS UNDERLYING (G) BOOK (G) White (G) Whit				write c. LENGTH OF STAY IN	16 c. CITY OR TOWN (IF	outside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) SPTINGFIELD State Hospital A315 Harford Road SPTINGFIELD State Hospital A316 Harford Road SPTINGFIELD State Hospital A316 Harford Road SPTINGFIELD State Hospital SET OCHAP FORD STATE SET OCHAP	١			6mo. 17days	Reltimore		3101.4
Springfield State Hospital A315 Harford Road	1	d. NAME OF HOS	PITAL (If not in hospital, give				e. IS RESIDENCE
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. Add in your bord brithdory) 12. CITIZEN OF WHATCO 100. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stote or foreign country) 12. CITIZEN OF WHATCO 13. AMEDIA NAME 13. AMEDIA NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH 18. CAUSE OF DE	5			spital	4315 Harf	ord Road	YES NO
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		NAME (Type	1	Campo MD.		d State Hogaita	1 Sylveryille
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	-	7					
La REMOVAL (Specify) 2-15-60 Loudon Park Com Rollingra Md	1		iful .	1 1 10		0 4	As I

ADDRESS

Hartord Rd

TO HOSPITAL OR ATTENDING PHYSCIAN: The law requires that the death certifimary be retained by the haspital at hiding physician. 10 P P P VR A1S (4) 1SM 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

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ARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
1867	CERTIFICATE	OF DEATH		

01861

PLACE OF DEATH O. COUNTY	Carroll		MARYLAN	2. USUAL RESIDENCE o. STATE Mar	Where decease yland	ed lived. If instituti b. COUNTY		
	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	(If outside corp	orote limits, write R	RURAL ond give n	nearest town)
RURAL ond give		yton	230 days	Pre	ston	^	5 x - 2	
d. NAME OF HOS	PITAL (If not in hospitol, g N	ive street o	oddress)	d. STREET ADDRES			<u> </u>	e. IS RESIDENCE ON A FARM?
	Henryton	State	e Hospital	Rou	ite 1, 1	Box 39		YES NO
3. NAME OF DECEASED (Type or print)	Fir Min	nie	Middle Grace	Lost Webb	4. DATE OF DEATH	Mor Februar		Day Yeor 8 19 60
S. SEX	6. COLOR OR RACE	7. MARRI	ED T NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		AR IF UNDER 24 HRS
Female	Negro	WIDOWE	D DIVORCED	9-22-20890	1899	lost birthdoy)	Months Doys	Hours Min.
Oa. USUAL OCCUPA	TION (Give kind of work	done 10b. K		DUSTRY 11. BIRTHPLACE (12. CITIZEN	OF WHAT COUNTRY
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S. TATHER S NAME				14. MOTHER 3 MAIL			6	
	Daniel H			2 Shirte	Eliza	2 -777	Murray	
5. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	INFORMANT		Add	ress	
No			19-01-9432	Grace Webb	- Same	as patie	ent	
18. CAUSE OF E	DEATH [Enter only one co	use per line	e for (o), (b), and (c).]					TERVAL BETWEEN
PART I. C	EATH WAS CAUSED BY:						101	NSET AND DEATH
	LATIS TAS CAUSED BI:	. Cs	erdiovascul:	r insuffici	ency			TOE! ALTO DEATH
002 X	IMMEDIATE CAUSE (o		ardiovascula	ar insuffici	ency			TOET AITO DEATH
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Sove rise to couse (o), storid lying couse to lying couse to Part II. (of Part III. (of ETHER, NOTIL (IF ETHER)) 20c. TIME OF INJ. Hour o. r. p. r. 21. I certify alive an Feature Physician's NAME (Type) E	IMMEDIATE CAUSE (o DUE TO ON, which immediate may be under to the total of the tota	Par 20b. DESC 20b. DESC 20b. While of work decease 19 6	adv. bilat ONTRIBUTING TO DEATH RIBE HOW INJURY OCCU DIVERY OCCURRED 20e. Of work Date of Wary M. 8.	pulmonary OUT NOT RELATED TO THE TO	erminal disease y in Port I or Po form, 20f. (Cit Februar SAM, from Address (S	rt II of item 18.) ry or town) ry 8, 19 60 the causes an officet, city or town, Maryland	(Count (And an the da stote)	19. WAS AUTOPSY PERFORMED? YES NO (Stote) The discrete stated above DATE SIGNED (Stote)

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AN: The law requires that the death certificate be executed with

TO HOSPITAL OR ATTENDING PHY

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1868

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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- {	1	3	O	6

	PLACE OF DEATH					USUAL RESIDENCE (W	here deceased	l lived. If institution b. COUNTY	on: Residen	ice befo	re admiss	ion)
	Carroll			MARYLAND		Maryland			Howar	d		V
		outside corporate lin arest town)	nits, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF	outside corpo	rote limits, write R	JRAL ond	give nec	rest town	1)
	Woodbine					Ellicott	City			10	X-0	4
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital,	give street	oddress)		d. STREET ADDRESS				-	e. IS RES	FARM?
		Nursing Ho	me			Clarksville	•		200			NO [
	NAME OF DECEASED (Type or print)	FI LILIAM H.WI	irst DEPOSA	Middle	w.	derman	4. DATE OF DEATH	Mon F. b. 18		Da		Year
S. 5		6. COLOR OR RACE		RIED NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		
5	Male	White	WIDOW		3	ay 29,1876		lost birthday) 83 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INC			e or-foreign co	ountry)	12.CIT	IZEN OF	WHATC	OUNTRY
		ing life, even if retired	d)			Dolladwan	250					
12	None FATHER'S NAME				In.	Baltimor						
13.	FAIRER 3 INAME					. MOTHER'S MAIDEN	INAME					
	Levi Wic	derman				Unknown	1					
15.	WAS DECEASED EVER	IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17	INFOR	MANT		Addr	ess. *			
(10	140	ir yes, give war or duties or		None M	Me 1	Frank Camer	on Fll	icott ci	ty.Md			
_	IR CAUSE OF DEA	TH (Enter only one o		None for (a), (b), and (c).	LDA	Tally Callet	مدي و دادا	TOUR OF	LY, IN		RVAL BE	TWFFN
		TH WAS CAUSED BY:	-67	1 61 3	1.	100	.1.	-			ET AND	
	17.107 11 02.11	IMMEDIATE CAUSE (0)	wrande tan	ur	l Certer	ioscu	wan		-	4. 6	~~
	4-50.0 DUE TO 1957											
	Conditions, if ony, which) (b) Congressed, Cumbral precumons											
	gave rise to in			X			0			,	071	060
	lying couse lost.	the <u>under-</u>					in 13			1	& tes	~ 00
Z		IFP SIGNIFICANT COL	VDITIONS	CONTRIBUTING TO DEATH B	BUT NO	PELATED TO THE TERA	AINIAI DISEASI	F CONDITION GIV	FN IN PAR	T 1(a) 1	9 WAS	AUTOPSY
CATION	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ick storth textur cor	401110143	CONTRIBOTING TO DEATH	01110	I KESTED TO THE TEKN	MINAL DISCAS	condition on	ELA HATON	1,07	PERFO	RMED?
							. 4				YES [NO 🗌
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury in	Port or Port	t II of item 18.)				
WEDICAL	20c. TIME OF INJUR	Y Month, Doy, Ye	ear 20d. I	NJURY OCCURRED 20e.	PLACE	OF INJURY (Home, far	m, 20f. (City	or town)	(County)		(State)
EDI	Hour a.m.	19	While	IAOI MIIIE	factory,	, street, office bldg., et	tc.)					
×	p. m.		at was	k ot wark		16 10						
	21. I certify tha	t (1) (this hospite	1) attend	ded the deceased from	n	19 59.1	2 ,.ta_	8 ter	, 19_4	ed, th	at (1) ((we) last
	saw the deceas	ed alive an/	8 tel	196 9 and that	t deat	h accurred at	_M, fram	the causes an	d on the	e date	stated	abave
	220. SIGNATURE	1	->	31 .7	11.							b. DATE
	2	with	2-	Hall	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.		9111	- 80	SIGNED
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS	Apres	villy)	ne		18	Feh !
230	BURIAL, CREMATIO REMOVAL (Specify)	N. 23b. DATE THERE	OF	23c. NAME OF CEMETERY	OR CR	EMATORY		TION (City, town, o			(Stat	le)
_	Burial	2-20-60)	Mt.Olive				<u>lallstown</u>	-			
24.	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS			D BY REGIST					
1	C. Higinh	othom, Elli	cott	City.Md		DATE	EB 2 3 '6	0 a	Thung S.	Than	14	

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M 01863 CERTIFICATE OF DEATH 1869 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY Allegany Carroll MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) Sykesville 6 vrs. 26 dvs. Cumberland d. NAME OF HOSPITAL (If nat in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE Springfield State Hospital ON A FARM? 813 Gephart Drive YES NO X Middle 4. DATE Month DECEASED OF 60 Williams Mary DEATH (Type ar print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9. AGE (In years last bigthday) Months 10/21/93 white female DIVORCED | WIDOWED | 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most af warking life, even if retired) U.S.A. Pennsylvania Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alice V/ Beardsley Rev. Joshua B. Whaling 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) Hospital records, Springfield State Hosp. no 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH H WAS CAUSED BY: Asphyxia due to obstruction of both bronchi by food. PART I. DEATH WAS CAUSED BY: DUE TO Pulmonary congestion and edema. hours Canditians, if any, which gave rise to immediate DUE TO couse (a), stoting the under-(c) Pick's Disease of the brain. lying cause last years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Involutional psychotic reaction. YES NO 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (Stote) foctory, street, affice bldg., etc.) a. m While Nat while at wark at wark 21. I certify that I attended the deceased from Nov. 18 Feb. 1960, that I last saw the deceased 19 60 and that death accurred at 6:145M, from the causes and on the date stated above. ADDRESS (Street, city ar tawn, state) Sykesville, Maryland SIGNATURE Konstantin Weber. M. D.

NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF

8/60

22c. NAME OF CEMETERY OR CREMATORY Monocacy

22d. LOCATION (City, tawn, ar caunty) Beallsville

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

ADDRESS

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

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ARYLAND ST	TATE DEPARTMENT	OF HEALTH—BALTIMORE,	8
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1870 CERTIFICATE OF DEATH

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Reg.	Dist.	No!	4	0	U	7

1	-		
)		o. COUNTY Daniel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATIMUSELLE deceased lived. If institution: Residence before admission)
	2	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give neares) fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO
	1	NAME OF DECEASED (Type or print) WILLIAM - A Middle	ZEPP 4. DATE OF Month 28 1960
	5. 9	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED 6.	DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Miny 2 yrs.
	10a.	Do. USUAL OCCUPATION (Give kind of work done during nost of working life, even if retired) Late Round	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? WS A
	13.	FATHER'S NAME Jucal Beligh.	Sarah Herolicay
	15./ (Ye	S. IVAS DECEASED EVER IN U. S. ARMBO FORCES? 16. SOCIAL SECURITY NO. INF	FORMANT Elee 2EPP-Manchester Md
		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carcinoma of the S	interval between onset and death
		151X DUE TO	TO SALES COMMENTED TO SALES COMM
		gave rise to immediate couse (a), stating the <u>under-</u>	
	CATION	Iying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter noture of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m. p. m. 19 While Not while of work of work	CE OF INJURY (Home, form, 20f. (City ar town) (County) (State) ary, street, office bldg., etc.)
		21. I certify that I attended the deceased from 2/21, alive an 2/28/60, 19, and that death of	1960, to 2/28/, 1960, that I last saw the deceased accurred at 1 p. M. from the causes and on the date stated above.
		ACTUAL MARONTE LIEUR	ADDRESS (Street, city or town, stote) Hampstead, Md. ADDRESS (Street, city or town, stote) A.D. A.D.
/		PHYSICIAN'S M. C. Porterfield	
	220	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) May 2-60 Euthern	CREMATORY 22d. LOCATION (City, town, or county) (Stote) The
	23.	Edel Chipton Hampster	DATE MAR 2 '60 24b. REGISTRAR'S SIGNATURE
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STATE OF STADISHED STREET All the second of the second o Marine and there are the form of the continued and THE WILLIAM - A - I SEPPET TO COLUMN TO SEE 1003 A Falsoney Will War want & Herry berey THE THE LEVEL LOCAL CONTRACTOR OF THE STATE OF STATE Plant of the state aded to the statement of the contract high